

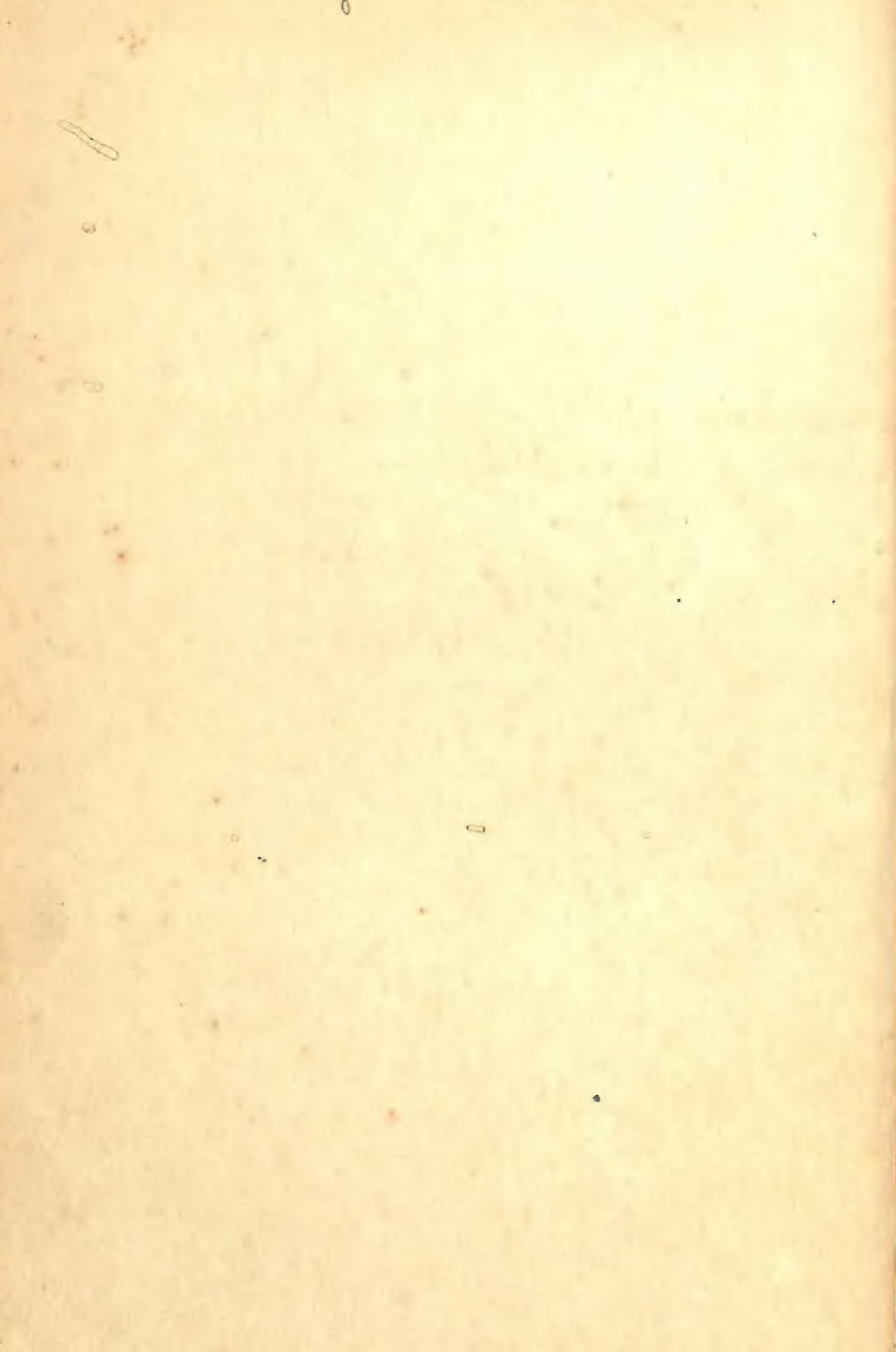
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ELEMENTS OF RORSCHACH INTERPRETATION

By the same Author:

INTRODUCTION TO THE RORSCHACH TECHNIQUE:
MANUAL OF ADMINISTRATION AND SCORING

Elements of Rorschach Interpretation

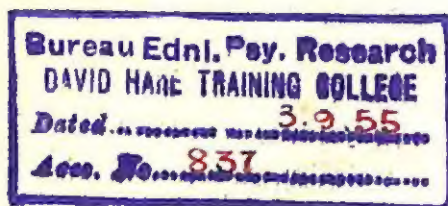
With an Extended Bibliography

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TO Sue AND Jennie



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PREFACE

This is meant to be a companion to my *Introduction to the Rorschach Technique: A Manual of Administration and Scoring*.¹ It seemed to me that without this second book on the elements of Rorschach interpretation the *Introduction* would be a job only half, or less than half, done.

The purpose of this volume is to *introduce* the beginner to the complexities of evaluating and interpreting the various components of the Rorschach protocol. The approach is admittedly elementary and additive, i.e., each of the scorable and nonscorable components are discussed separately along with their interrelationships with each other where such congruencies can be established on the basis of clinical and experimental evidence.

The student and teacher who will use this volume must be patently aware of the fact that it follows the pattern laid down in the first book with regard to administration, scoring, inquiry, and testing the limits. It is assumed, therefore, that the reader is acquainted with my so-called eclectic scoring system. It would be difficult for any one writer in this area of projective testing to claim that his system (of scoring and interpreting) is *the correct one*. My experience as a clinical psychologist has emphasized the fact that there is no *one* road to the answers we are seeking. A book in such a controversial field as this is must in itself be controversial and result in raised eyebrows, quizzical expressions, and vehement verbalizations—pro and con. Constructive contribution to scientific progress in the accuracy and refinement of measurement depends on: (1) the definiteness of the object, event, or phenomenon to be measured; (2) the accuracy of the measuring instrument; (and 3) the carefulness of the one doing the measuring. So long as the first of these conditions cannot be fully met, the second, which flows from the first, will also

¹ New York: International Universities Press, 1953. 126 pp.

suffer.² The third requirement is the rationale for my reader's picking up this volume. The pitfalls are many and the neophyte will suffer many bumps before his competence will guide him cautiously through the maze of enticing traps.

Part I discusses some of the theoretical issues to be considered by the beginner. The Second Part begins the elementary interpretive process following the organization of the first volume. The location elements and their simpler interrelationships are presented in Chapters 2 and 3.

In Part III each of the separate factors are discussed. Reality Testing is the subject matter of Chapter 4. The Imposed Determinants (my own term for the movement and shading factors) are contained in Chapters 5 and 6. The Inherent Determinants, viz., the achromatic and chromatic values of the plates, are elaborated in Chapters 7 and 8.

I have called Part IV Fancy and Fact, The Interpretation of Symbols and Numbers, because of the greatest ease with which the unwary, the untrained, and the extremely biased interpreter can "go off the deep end," especially in the material discussed in Chapters 9, 10, and 12: respectively, Content; The Cards and Their Meaning; and The Inquiry and Testing the Limits. Chapter 11 develops the Interpretation of Computational Data. The final section, Part V, presents three cases; the normal, the neurotic, and the psychotic—Chapters 13, 14, and 15. Chapter 16 outlines the elements of The Tester's Report.

The writer wishes to express his thanks to the various publishers and authors who have kindly consented to the use of their published material in this book. I should like to mention the co-operation of Dr. George A. Ulett of the Department of Neuropsychiatry, Washington University School of Medicine, and Educational Publishers of St. Louis, Missouri, for permission to reproduce in modified form the main figure of Dr. Ulett's Manual. Others who have graciously permitted the use of their ideas are Dr. S. J. Beck, L. K. Frank, Dr. Bruno Klopfer, and the World Book Company. My Graduate Assistant, Robert N. Dorsey, was a patient auditor along with the students

² To the empiricist, the "it works" clinician, this is not a serious problem. He is usually willing to accept the instrument, the theory, and/or the working postulates for the nonce until something better comes along.

in my graduate course in the Introduction to Projective Techniques. These had to submit to readings of the manuscript in its formative stages. I owe them a great deal.

Finally, to my wife there is an unmeasurable debt of thanks for her help with typing the manuscript and retyping it and keeping the children quiet in the process.

Robert M. Allen

University of Miami
Coral Gables, Florida
January, 1954.



Part I

SOME THEORETICAL ISSUES



Chapter 1

FOUNDATIONS OF INTERPRETATION: SOME CONSIDERATIONS

The basic hypothesis that sustains the interpretive evaluations of the Rorschach Ink Blot Test protocol has been succinctly stated by Frank: "What is of major significance for understanding the individual personality is that the individual organizes experience as he warps, twists, distorts and otherwise fits every situation, event, and person into the framework of his private world, giving them the affective significance which they must have for him in his private world" (270, p. 15). Thus, a protocol is a momentary picture of the fluid, dynamic process. This process depicts the manner of experiencing situations, how they are handled, and the mechanisms employed (should they be necessary) for the maintenance of homeostasis.

Any theory of personality that applies the inferential use of projective test records by the examiner must center about the understanding of the processes inherent in the term "perception." In recent years a New Look group of investigators has become essentially interested in the dynamics of everyday perception. A variety of experimental designs has sought to ferret out the molecular composition of the total perceptual phenomenon as reflected in the behavior of the organism in its (biosocial and biophysical) phenomenological field. An overview of these studies suggests the selectivity of perception, and subsequent behavior, in keeping with the organism's present needs and presses, the residues of past experiences, and aspirations for the future. In addition, the structure of the testing situation, e.g., ink blot, picture, attitude induced by instructions, even the tester, serve as additional variants that must enter into the

interpretive process (146). These become increasingly important when dealing with protocols obtained with TAT pictures and Rorschach Ink Blots (60). The interpreter should approach the problems of protocol evaluation from the point of view of what the stimulus means *to the subject* (270) and not what it might mean to the examiner. The focus shifts from the device and the tester to the testee. How the subject molds the test material or the stimuli is expressive of his needs, goals, interpretation of social pressures, organic stresses, fears, anxieties, aspirations, and other personality dimensions which may be observed and described. It is on the basis of these behavioral descriptions—ink blot responses, picture studies, sentences completed, figures drawn, etc.—that evaluative inferences may be made by the clinician.

Before the beginner attempts to interpret test responses he should be grounded in personality theory, perception, learning, and behavior dynamics. Rorschach (842), writing about the theoretical formulations for the test that bears his name, has this to say: "The theoretical foundation of the experiment is, for the most part, still quite incomplete." White (1078), on the other hand, represents the *Zeitgeist* of opinion with regard to Rorschach Test theory in this statement: "The principle that every performance of a person is an expression of his whole personality." To this Bruner (146) adds two words: "perception included." Such a theory must harken back to Frank's definition of personality in which this abstraction stands revealed as a *process* by which the individual "establishes, maintains, and defends his private idiosyncratic world" (270). Thus, a theory of perception grounded in perceptual postulates should make a place for those activities in which the subject functions in a structured milieu with the structure deriving from society (external to the subject) and from the individual's needs (internal to the subject). The person is constantly striving to bring harmony into the bio-sociophysical field within which he is operating. The defense of the private world he has built, his interpretation of the phenomenological field, and his conception of his own place in it will determine his perceptions and reactions. Normal perception is a function of the anxiety threat inherent in the field stimuli *as he sees them*. Misperception, or apperceptive distortion, generally describes these re-

actions to stimuli which are fraught with danger for the personality integration of the perceiver. Stern's dictum still holds true: "Keine Gestalt, ohne Gestalter." This has been put to the test by various investigators with inconclusive results. Fosberg (263) reports that the subjects in his studies were incapable of apperceptive distortions in keeping with suggestions made to them. He states, in part, that the "Rorschach Test does not lend itself to manipulations based upon the subjective personal estimation of character, good, bad, or indifferent, but faithfully traces the more permanent picture." This position is not supported in the investigation of Carp and Shavzin (171). These investigators conclude that "the results of this study do not agree with those obtained by Fosberg. . . . On the contrary, this study shows that there are some subjects who *can* manipulate their responses, who *can* vary their personality picture as reflected by the Rorschach, under instructions to make good or bad impressions" (171, p. 233). This may not augur well for the validity of the Rorschach Test, but it does disclose how important the perceiver is in perception and in behavioral research.

Lord (618) has presented evidence of the differences in perception resulting from conditions imposed on the testee by the examiner, again lending support to the thesis that the subject's responsiveness is a function not only of the self-percept but also of the atmosphere in which the technique is being applied. Schachtel (906, p. 44), in a canvass of the subjective definition of the Rorschach situation, declares: "By a person's definition of the Rorschach situation I do not mean merely the conscious ideas of this person about what is going on in his taking the Rorschach Test. Rather, I want to designate the person's total experience of the test situation *the togetherness of two people*, the tester and the subject, in the relationship of the test situation. The fact that a *task* is given to the subject by the tester. . . ." The importance of the interpersonal relationship between the tester and the testee was investigated by Allen and Dorsey (29). They find that the suggestion "to see a person or persons doing something" made to the subjects by the tester who was also their instructor in a psychology course results in a significant increase in retest M productivity. It is concluded, in part, that the prestige value of the tester-instructor for the subjects in the

Rorschach testing situation is reflected in the subjects' system of values. This influences their perceptions of the ink blot stimuli.¹

In sum, the client in a testing situation gives of himself, with and/or without reservations that may be on a level of awareness or below it. He projects in varying degrees the role that his self-percept impels him to assume. This projected role contains the basic personality structure *plus* the superimposed reactivity to the current situation. It is these modes of experiencing and behaving that the Rorschach interpreter uses as his raw data.

Another consideration is the answer to Hanfmann's question: "What makes a given technique a projective one?" It is important that this query be given serious reflection in view of the possible abuses of this extremely helpful and easily perverted method. One would have to address this question inwardly since the answer "lies neither in the test material nor in what *the subject* is induced to do with it. . ." (340, p. 3). It is an axiom of scientific progress that refinement and accuracy of measurement and evaluation lie in three factors: (1) the definition of the phenomenon to be measured; (2) the accuracy of the measuring instrument; and (3) *the carefulness of the person doing the measuring*. The issue seems to inhere in the third factor—the "projectiveness" of a test derives from the manner in which the tester deals with the responses. In keeping with this central concept, voiced by Hanfmann (340), *any* pattern of stimuli may be used as a projective test depending on the method of reading and interpreting the raw (behavioral) data, the signs. In any test situation the signs are present, it is a matter of reading them. Thus, a Bernreuter Personality Inventory could conceivably be evaluated projectively as well as psychometrically. The assumption is that the tester is skilled in reading and interpreting the signs. Central to this method of signs is the previously stated additive assumption of both White (1078) and Bruner (146): ". . . every performance of a person is an expression of his whole personality, perception included."

A final consideration to which the Rorschach protocol interpreter

¹ This conclusion does not jeopardize the basic rationale of the Rorschach Ink Blot Test: that it taps basic and relatively permanent personality dimensions. On the contrary, it supports this fundamental tenet in that it is sensitive to the changes in apperceptive and perceptive flux.

must be sensitive is the problem of the interrelationship that exists among the discrete Rorschach Test determinants. Ulett (1027) has devised a helpful chart to show the interdependencies among the various factors.

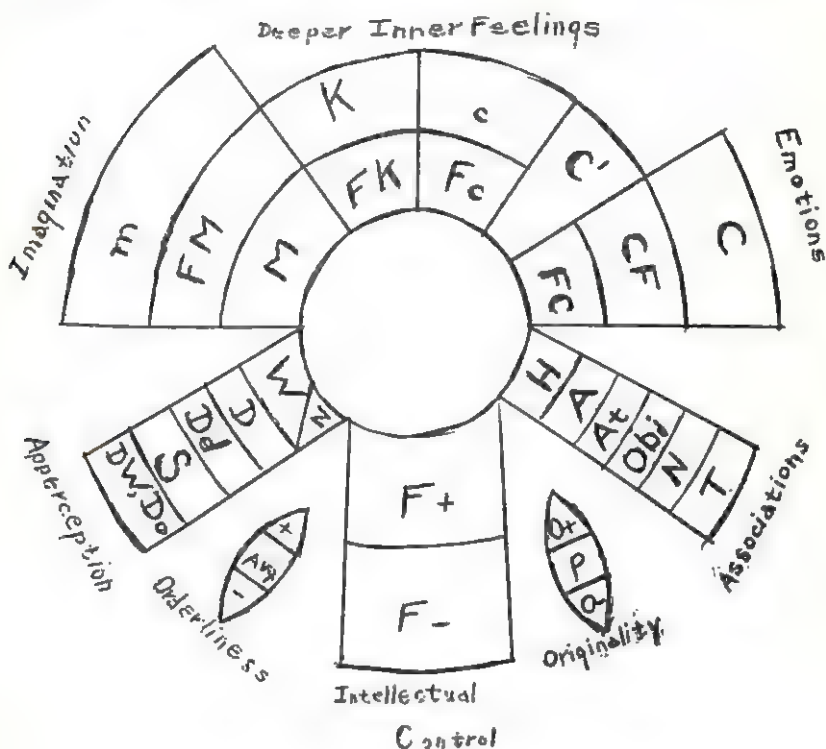


Figure 1

Modification of Ulett's Interpretive Diagram. From: Ulett, G. A. *Rorschach Introductory Manual*. St. Louis, Mo.: Educational Publishers, 1950, Figure 1. (Reproduced and modified with the permission of the author and publisher.)

One of the important features of this chart is the clarity with which the basic meaning of each determinant is indicated *plus* the modification of this essential interpretation in different contexts. The reader is cautioned not to use this chart as reproduced above since

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many of the salient interpretive elements have been omitted by the present author.²

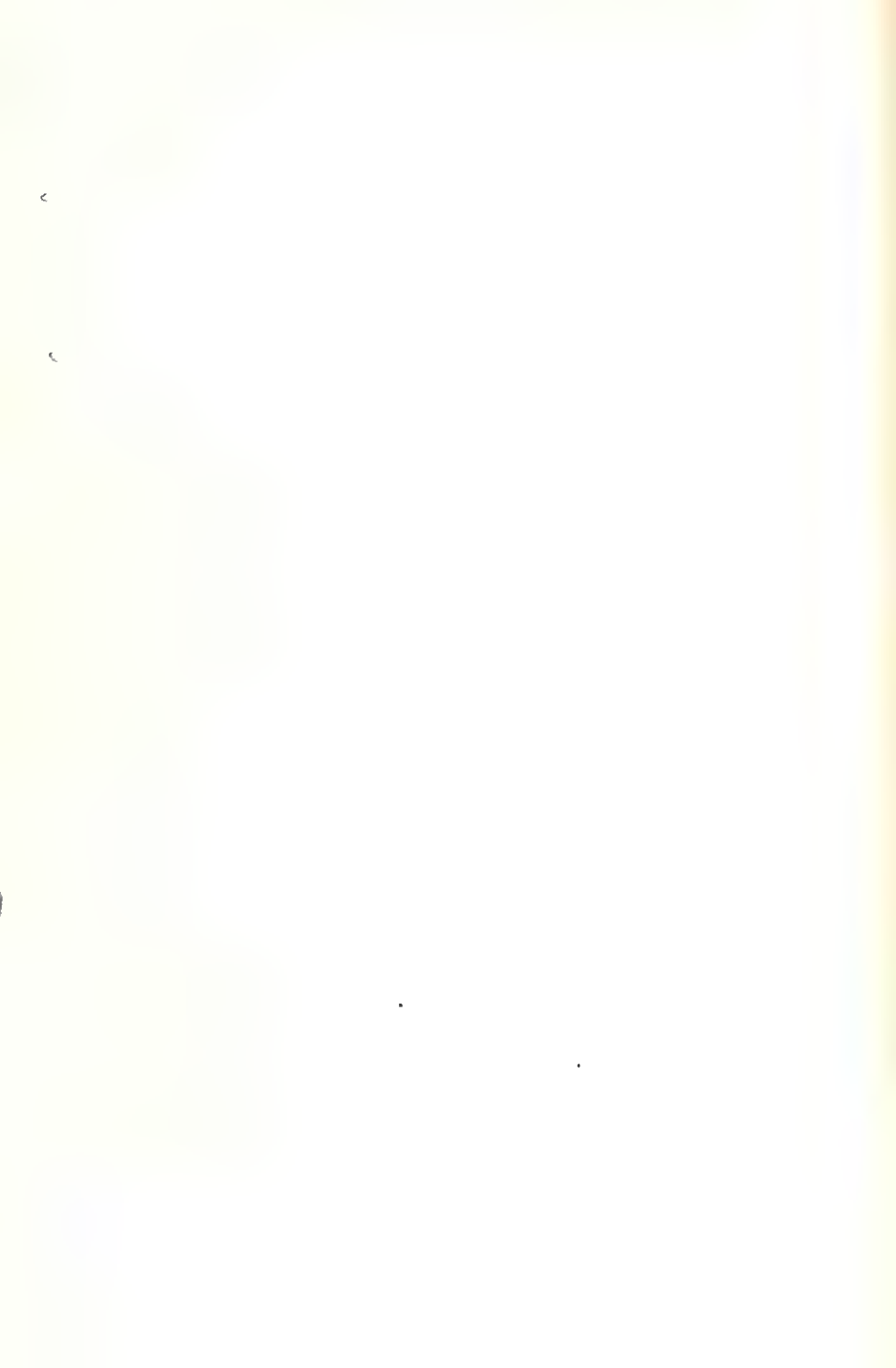
SUMMARY REMARKS

The current literature is replete with statements regarding the status of theory in the Rorschach Test. The most succinct and direct one comes from a paper by Hertz (411, p. 109): "It is true that the Rorschach method is still without a theoretical basis." Schofield (920, p. 20) uses strong language in describing the popular usage of projective techniques: "Some clinical psychologists prefer to be more artistic than scientific in their practice; projective devices, at their present state of development, invariably encourage creativity in the examiner even though they fail to titillate the examinee!" The writer believes that this is an excellent caution against going off into flights of fancy, but beyond this the case against projective tests is a poor one. No test is better than the person who uses it—no matter what type of instrument is involved. The answer lies, it seems, in better training in theory of behavior dynamics, experimental techniques, and theory of test construction, as well as practice in testing skills. Too much concern and criticism has been directed toward the test rather than the tester who makes running motions before he is able to crawl.

² Profitable experience may be gained by the serious Rorschach student by consulting the original Interpretive Diagram and the directions for its use which are contained in Ulett's *Manual*.

Part II

ELEMENTS OF LOCATION INTERPRETATION



Chapter 2

LOCATION—WHERE

The Rorschach Ink Blot Psychodiagnostic Test may be considered as a problem or series of problems which the testee must solve. The amorphous nature of the stimuli permits the subject a great deal of freedom of responsiveness. Whether or not a person has the capacity and functional efficiency to utilize this freedom is significant in evaluating the total personality picture. The testee must approach a problem in order to address it. The manner of approach is evaluated in these terms: (1) how much of the blot is encompassed in the response (s); (2) the relationship among whole, detail, small detail, and space areas of the blot used by the subject; (3) the extent of card turning.

The first of these will be considered in this chapter: How much of the blot is encompassed in the response(s). In this phase the inferences regarding the manner of organizing responses and the approach to problems are obtained from the subject's use of the whole blot, W, or parts of it, D, Dd, and S (26, pp. 29-42).

W: The concept built around the total blot reflects richness of associative activity and the ability of the individual to deal with the over-all problem, i.e., the potentiality and willingness to size up a total situation. However, the manner of reaching a *W* is important in determining the organizational value of the whole response.

The easiest *W*, which is actually not a whole response, is one in which the testee refers to one half of the blot and then "doubles" the concept to include the entire plate. This is known as a border-line *W* and is scored *D-W*, *D* leading to a *W* (this should be differentiated from the confabulated whole response, *DW*, a pathological response). Card II, "An old maid sitting at a table, the same on the other side." Scored: *D-W* M+ H P. The subject has responded to

one half of the plate and proceeded to build up a W by merely pointing out the other half of the plate. This is actually a D concept and does not imply the organizational ability of a good W. (For the subject to have been credited with a good W the response would have to be, "This looks like two old ladies sitting at a table." In this both halves of the plate have been integrated into a unified concept.) In some way it is similar to a symmetry type of response in which the subject feels he must include as much of the blot as possible in his response. This "doubling" is the most easily attained method. D-W responses spring from the need to outshine, to produce on a high level, without the intellectual efficiency required for a higher level of W organization. The lowered efficiency, of which D-W is characteristic, may be due to primary retardation or emotional factors or a combination of both.

If the W is built up by means of adding distinct portions of the blot to each other, thus arriving at a W, the organizational ability is quite concrete and is not as qualitatively creative as the W in which a total configuration is verbalized at once and completely. Plate X, "Here is a bug, there's another germ, all of these are small bugs and reminds me of a microscope slide in technicolor." Scored: W CF Biol. This whole response was put together in piecemeal fashion and not by encompassing the total as a unitary idea. The reasoning or organizational activity is inductive but not originally creative. The person who approaches and handles problems in this manner functions mainly on the descriptive and functional levels but appreciates the need to relate the various parts of a problem to each other. However, he somehow misses the boat and emerges with only faint insight into the entire problem and its over-all implications for him.

Higher on the continuum will be found those readily integrated W concepts which are not taxing in so far as organizing effort is involved. In this category are found the popular responses to plates I, III, IV, V, VI, and VII (26, pp. 75-76). In addition to these readily perceived and practically self-organizing whole associations, the minimally effortful W's which have not yet attained the status of popular responses may be considered in this "readily organized" category. These are elicited most easily in plates V, VI, I, and II; less easily in IV, VII, and III. Whole responses with good form

accuracy are most difficult to create in cards VIII, IX, and X (798, p. 128). It is in connection with the latter group of plates that well-organized, highly creative (perhaps original) whole percepts may be elicited. This should not be construed as a generalization that the last three plates in the ink blot series give rise only to the best W's or that excellent wholes cannot be given in the other plates. But interpretation must reflect the testee's ability to produce differently than the main stream. Basic to W evaluation is the form accuracy of the percept. A W+ reflects a good organizational ability that can assimilate the parts of the situation and synthesize them acceptably and constructively. The W— is the product of the intellectually inferior and/or disturbed individual.

The W response, then, may range from very poor to excellent; from additively integrated through readily organized to the creatively original whole response. The extent to which the subject organizes the total blot suggests the maximum level of potential efficiency. It is to be expected that a testee will function on several organizational levels in the course of a lifetime and during the brief Rorschach test period. Achieving an original creative W with good form accuracy indicates the potential efficiency. The current functioning efficiency may be deduced from the range of intellectual organization and the predominant W level. It is important to know the maximum capacity and the functioning ability of the client, and the variability of performance. The difference between these two discloses the functioning efficiency. Should the subject show instances of a high degree of intelligence, creativity, and organization, yet continued productivity on this level is being interfered with, a clue to personal difficulty may be obtained from the specific responses in which there is lowered efficiency reflected in the poorer W concept(s).

D: The large or usual detail reveals the subject's capacity for dealing with the larger essential aspects of a problem. These responses form the core of the protocol and give some insight into the subject's practicality, i.e., to see the obvious and to utilize it in problem solving. D conceptualization has been referred to as the "common sense" approach, the ability to deal with the everyday aspects of a situation. This is related to form accuracy, the contact with and interpretation of reality. Poor form details relate to distancing or misperception of reality ascribable to limited intellectual ability or

impairment of external or internal control by emotionality or fantasy living.

Dd: In order to obtain a complete picture of a situation the perceiver must give some attention to the small details so essential to filling in gaps. These are the infrequently used portions of the ink blot symbolized by *Dd*. Complete absence of *Dd* responses is not pathologic but does disclose an inability to deal with minute details, perhaps a dislike for minutiae which can be irksome to the person of better than average intelligence. Its presence is healthy if optimal, unhealthy if maximal. A well-rounded protocol will contain an acceptable percentage of *Dd* responses (83, p. 214).

This category has other designations which are interpretively differentiated. *Dr*, rare detail, is usually the product of a fertile imagination, one that can break across natural lines of articulation to produce something different. The *Dr*-producing testee can get out of a rut and be original. The wholesomeness of this creative ability is a function of the form accuracy. The mentally retarded will give *Dr*'s but of *F*— quality rather than *F+*. This is the originality of the poorly endowed which need not correlate concept to stimulus except vaguely and inadequately. On the other hand, the easily stimulated, readily distracted hypomanic individual with little time to relate blot area to blot-associated concept will give poor form responses to the rarely used area. Thus, *Dr* may be obtained from the retarded, the highly intelligent, and the emotionally disturbed testee. The quality of the *Dr* response, its relation to the blot area, in short, the concept and its referent, helps determine which of the above characterize(s) the subject.

A testee who prefers to remain on the periphery of a problem may utilize only the edge of the blot to give a response. In the *De*—edge detail—approach the subject is revealing his desire to be outside looking in. For some reason he does not wish to become personally involved. The edge detail offers an easy escape from immersion, from the probability of "getting in beyond one's depth." By employing only the outline of a blot area the testee plays safe. Used to excess it may disclose a barren, overly cautious person.

The opposite of the edge detail is the inside detail, *Di*. The subject ignores the usual approach and literally "dives into" his prob-

lem without regard for the surrounding area or context. Such responses as "eyes" usually fall into this category. It may be related to the easy distractability of the elated or hypomanic individual who jumps from one stimulus to the other; to the person who is overwhelmed in a situation and seeks surcease and support in disregarding the full impact of a problem as a source of help. This person is evading by selecting a picayune, nonessential portion of the problem to deal with. Of course, it may be related to the projections of the paranoid who sees "eyes" as an overt manifestation of his own suspiciousness. A record with more than one Di need not be considered pathologic since it may indicate a precise, overly methodical manner of viewing situations. However, Di responses should be regarded as pointing to possible areas of personal difficulty in relation to the remainder of the protocol.

Finally, Do, or oligophrenic detail, must be considered. This is usually a pathological sign. To perceive part of a human or animal where it is much easier for most persons to organize a total human or animal figure is significantly deviant from the usual response. This type of association is elicited from among the mentally retarded, the psychotic, and the encephalopathic individuals. The person lacking in intellectual ability is unable to deal with universals, i.e., he cannot conceptualize on a level above the concrete, consequently only specific parts are seen where less concretistic persons are capable of producing better organized total figures. The psychotic and severely anxious person may give oligophrenic percepts because of an inability to make full identification with humans, an unwillingness to accept certain sexually significant portions of the human figure (rejection of the lower part of the usual human figure in plate III), and/or impaired ability to concentrate on the stimulus blot long enough to encompass the normally delineated area in a usual percept. The brain-damaged patient, like the intellectually inferior subject, cannot abstract and must be satisfied with highly concrete concepts. He does not want to increase his failures in a situation and so latches on to a part which he can handle in preference to a larger portion of the stimulus blot which might be too much for him. Involved in this may be true inability and an unwillingness to become involved beyond one's own estimate of ability to produce successfully.

At this point special types of concepts must be pointed out: the confabulated and contaminated responses. In the former the subject uses a smaller area of the blot to describe a larger portion or even the whole blot, viz., DW or DdD. These responses are pathological and the product of a severely disturbed individual who finds himself unable to account fully for the product of his disturbed thinking. Occasionally an encephalopathic or retarded patient will give this type of response. The spoiled or contaminated response is definitely the result of fuzzy thinking with markedly poor judgment as the main factor involved. Contaminated productivity is the hallmark of the psychotic person.

S: The use of the white portions of the plate surrounding the blot or within the blot constitutes an important qualitative element in the protocol. Rosen (846, p. 28) states, "4. It can be concluded, therefore, that despite several paradoxes in the results some evidence has been obtained to support the hypothesis that use of white space on the Rorschach is associated with oppositional tendencies, in so far as the Pd Scale may reflect oppositionalism. . . ." Rorschach (842, p. 199) avers that, "Space responses always indicate some sort of oppositional trend." More than one S concept, he continues, "gives reason for suspicion." Fonda (258, p. 377) has tested this hypothesis in a unique and interesting experiment and concludes that his findings are a "partial confirmation of Rorschach's hypothesis that white space responses indicate some sort of opposition tendency, in so far as the criterion measure reflects indecisiveness or contrariness." Piotrowski (149, p. 48) softens the impact of S: "Persons with many S are not obstinate for the sake of being in opposition. They seem to have a need for independency, and their latent obstinacy and argumentativeness make their appearance when others try to sway them from their chosen paths." Research findings support the original postulate of Rorschach that space concepts spring from the tendency to go against the tide; it is related to the inclination of the individual to reverse the figure-ground relationship.

The direction of this oppositional bias is a function of the subject's experience balance (M:Sum C). In an intratensive setting, M greater than Sum C, the testee channelizes this opposition inwardly against himself. It manifests itself as self-deprecatory, self-critical,

and self-devaluating behavior. The extent to which this obtains depends on the nature of the S-delineated percept. The milder the nature of the response the less inclined the person is to be "hard" on himself. Concepts of an aggressive to violent nature may hold the seeds of severe self-recrimination.

The space response occurring in an extratensive context, Sum C greater than M, reveals an obstinacy that may be directed against the subject's surroundings. This may manifest itself in negativism to violent opposition and stubbornness in interpersonal relations. The degree to which these manifestations are mild, moderate, or severe, may be derived from the tone of the concept. This may range from a passive, inhibited reaction, on the one hand, to marked oppositional behavior, on the other.

SUMMARY

To this point the extent of the blot area encompassed in a percept has been considered. From this discussion the nature of the inferences regarding the personality under observation should be confined to: (1) The approach of the testee to the problem at hand. (2) How the subject organizes his attack on a situation, i.e., ability to deal with it in an over-all (abstract) manner yet give due consideration to the larger aspects within the general over-all view. (3) Having brought to bear a common-sense practical analysis of the problem, can he detect and utilize the minute essential facets that are part of any problem-solving situation in life? (4) Cautiousness, anxiety, rashness, pathological thinking—all of these may be determined from the manner in which the testee approaches the problem and integrates the parts, either separately or together, into meaningful, realistic concepts. (5) Finally, the subject's ability to express opposition and the direction that this tendency may take can be inferred.

This is a small segment of the total picture—other parts of the puzzle must be fitted together to give a vital personality description. The relationships among the W, D, Dd, and S factors are the next pieces to be considered.

Chapter 3

LOCATION RELATIONSHIPS

It is rare for a testee to use only one area of the blot in all of the percepts.¹ There is usually a distribution of the location symbols indicating the use of two to four of the blot areas. The relationship between and among these is significant for protocol interpretation. As indicated in the previous chapter, each of the area symbols has a basic meaning. However, this is modified by the context within which each one occurs. In Rorschach interpretation the main problem is that of determining *optimal* relationships among factors rather than emphasizing maximal production of factors.

Beck (83, 91) and Klopfer (542) have both evolved acceptable criteria for the usual allocation of W, D, Dd, and S in the protocol of the normal personality. On the basis of 32 responses Beck (83, p. 214) indicates the following distribution: W-19%, D-72% and Dd-9%. It is assumed that the Dd category includes the usual small details (Dd) plus all other details (De, Dr, Di, Do) and primary S (26, p. 113). Klopfer and Davidson (538, p. 6) give the following percentages for location: W-20-30%, D+d-50-70%, Dd+S-less than 10 per cent. By adjusting the ranges this would give the following Beck equivalents: W-25%, D-65%, Dd+S-10%. A third distribution is given by Piotrowski (149, p. 48): "In a record of average length, of 20 to 40 responses, the expected distribution of area responses is: 25 per cent W, 65 per cent D, 6 per cent d, and 4 per cent S. Since the W cannot be increased as easily as the D and d, the foregoing distribution does not hold in longer records."

There is quite a discrepancy in the expectancy figures of Beck and

¹ The one major exception to this is the approach of the young child who usually deals with the blots as a whole; see Allen, R. M. A longitudinal study of six Rorschach protocols of a three-year-old child. *Child Developm.*, 1951, 22, 61-70.

others. Beck and his coworkers base their latest data on a recently completed study, the Spiegel Sample. Allen (30) obtained this distribution of location areas with a group of college students: W-17%, D-64%, Dd+S-19%. The increased Dd+S per cent is much above that found by Beck, Klopfer, and Rorschach. It may be that the training received by College of Arts and Sciences students prepares them to look for more minute context-filling data and thus raises the percentage of Dd and S responses. Buehler et al. (156, p. 17) find the following allocation: W-22.6%, D+d-53.6%, Dd-23.8%, and S-3.1% for normal subjects. By far the most different proportion of location symbols was published by Cass and McReynolds (175, p. 181) who found 48% W, 45% D+d, and 8% Dd+S, based on main responses only. Their study population included 100 male and female subjects ranging from 20 to 75 years of age and from 7 to 16 grades completed. There is no explanation for the equivalence of W and D+d percentages. An analysis of Roe's data (832, p. 53) indicates an aver-

TABLE I

Comparison of Location-Area Percentage Distributions of Normal Populations

	Allen	Beck	Buehler	Cass	Klopfer	Piotrowski	Rorschach	Roe
W	17	19	23	48	25	25	25	45
D(+d)*	64	72	54	45	65	71	65	
Dd+S	19	9	27	8	10	4	10	
	100	100	104	101	100	100	100	

* Included in Klopfer's scoring system.

age of 45% W for her group of eminent biologists, much higher than any of the percentages in Table I with the exception of Cass. She agrees with Cass and McReynolds' findings, yet the population in the latter group is not made up of trained persons as in her own group. She continues, "That half of the subjects used more than the usual number of rare details (usually Dr) is of considerable interest," and goes on to explain that this response location is a function of the training of these scientists who are accustomed to seek out "different aspects of a problem, to see things in a little different way."

It seems that the only tenable conclusion to which the Rorschach interpreter can come is that generalizations with reference to the

application of Rorschach location factors cannot be made rigidly. As in all handling of Rorschach data, interpretation is a definite function of the testee's age, training, social status, occupation, and etc. With due awareness of this caution, it is recommended that as a basis for departures in interpretation of location expectancy the following interrelationship should be considered as a flexible criterion for a normal protocol: W-20%, D(+d)-65%, Dd+S-up to 15%. Slight departures should be permissible in this distribution, e.g., there should be some give and take with reference to W and D percentages, but Dd+S percentage above 15 does reflect a meticulous, overly detailed manipulation of the situational stimuli beyond the ordinary demands of problem solving. An overemphasis in any one area impairs this optimal approach to, and evaluation of, a problem. Too much W may disclose the overambitious, hasty, impulsive, or highly intelligent person, depending on the form accuracy, and the presence or absence of supporting creativity.

Under- and overemphasis of D suggests the manner in which the subject deals with the larger and obvious aspects of life that is so necessary for a constructive appraisal of a problem. A predominance of W, or D, or Dd+S is at the expense of the other area symbols. Thus, by finding the percentages of each it is possible to ascertain how the subject approaches problems and deals with them.

Another application of location data is the succession of blot-area usage from one response to the next, i.e., the shifts in area(s) of the blot(s) encompassed in the subject's percepts as he goes from one response to the next. The succession of areas, both within a given plate and from one plate to the next, suggests the degree of orderliness of approach to problems. The W-D-Dd order within a plate discloses the logical attack in which the subject obtains an over-all view of the situation and then proceeds to fill in the parts, the obvious and subtle details, the deductive reasoner. The Dd-D-W sequence is also a regular order or succession characteristic of the individual reasoner who builds from concrete events into an appreciation of the total situation. This regular order may be exaggerated to the point where logicalness gives way to rigidity such that the personality structure may be described as having a pathological facet. Under-attention to a regular approach in analyzing and/or synthesizing problems may lead to the other end of the continuum, irregularity

and confusion. The point on the Rigid-Confused continuum may be obtained quite objectively by following the procedure discussed by Allen (26, p. 114).

A rigidly fixed approach in which the subject deals with situations in one way only, or predominantly with one sequence, points to the inflexible, compulsive person who needs order of a high degree to get along in his milieu. Not even the most efficient scientist approaches *all* of his problems in a purely inductive or deductive manner. Thus, a fixed succession is pathological and reflects a defensiveness necessary to ward off impending and ever-threatening anxiety. In the obsessive reactions rigidity and adherence to straight facts (high F per cent) are the last resorts for warding off psychotic onslaught.

The confused, irregular sequence is seen in the protocols of the retarded, more frequently in the schizophrenic, and in the manic-depressive, manic reaction. These persons seize any stimulus, respond, and go on to the next with little or no concern regarding the whole or the parts. Distractability mirrors this confusion of responsiveness.

The logical order of succession is characteristic of moderate neurotics and adjusted individuals who can appreciate the forest, the trees, and the surroundings. Not only is there a logical order of dealing with life, but the normal person can deviate from logic to indulge himself in whim and personal predilection on occasion. It is this admixture of order and some departure from fixed succession that typifies the individual who is not hidebound by defenses and rituals in tasting of and meeting life's adventures.

Those protocols showing a confused succession of selected blot areas require an intensive analysis within plates and between plates. This is done to obtain an accurate picture of the testee's apparent use of logic or order in handling a problem. Jumping from W to Dd or S and then to D, etc., may reflect the locus of the testee's disturbance, especially if in the earlier plates the procedure from response to response was quite orderly. The plate, or engram within a plate, in which there is a departure from the usual order calls for analysis and intensive study. The starting point is the response with which the interruption of succession makes its appearance. The analysis would be aided by the content, form accuracy, and other determi-

nants in the response(s). This is particularly true in the evaluation of the protocols of normal and neurotic persons. Within the plates certain areas may arouse disturbing engrams in the subject's efforts to deal with them, viz., sex symbols (directly, indirectly, or in an effort to evade such associations), areas usually associated with male and female figures (plates I, II, III, IV, VII), or those areas which hold highly topical (personal) meaning for the testee. Where logical succession is impaired the tester is in an excellent position to hypothesize emotional involvement on the part of the subject.

The extent of card turning is the third significant bit of test behavior that should be noted. A testee who does not turn any of the plates during the entire test is easily satisfied with a routine manner of viewing and handling situations. He may not be unimaginative but he denies himself the privilege of adding points of view to his perceptual position. The less routine person, who can feel free to manipulate his problem in order to see it from different angles, usually turns the card. Frequently it may be observed that a subject will turn his head from side to side in an effort to obtain a slightly different view. This person is not sufficiently free from the ordinary method of attack yet feels that the old method is not enough, that he is missing something by keeping both plate and himself fixed. He feels that he can change the situation by constant manipulation of himself rather than the situation. Excessive turning of the plates is pathological—an inability to concentrate, to settle down to the task of thinking through a problem. Extreme irritability may be the main causal factor. Sometimes a patient will "edge" the card, i.e., look at it by holding the edge of the plate up to the eye level. Another type of behavior may be the tendency to look at the back of the plate while giving responses or between responses. This is characteristic of the disturbed individual who either wants to make certain that all possible aspects of the situation have been covered or he is suspicious of what is being hidden from him when given the plate in the usual position. He is going to check on his suspicions.

Part III

ELEMENTS OF DETERMINANT
INTERPRETATION



Chapter 4

REALITY TESTING

The degree to which one is in contact with reality and the extent to which impersonal control is introduced into the interpretation of this real world is reflected in the form determinant, F. A form-determined concept is one in which the shape or contour of the selected blot area is the only factor that has contributed to its meaning for the testee. It is a direct relationship in which contour leads to concept. While a premium is placed on reality testing and objectivity, there is a point beyond which a too critical interpretation of the external world interferes with adaptive living.

In the use of F+ (26, pp. 43-46) the subject reveals his perceptual control, the extent to which he can make decisions based on the objective aspects of the situation. Beck (86) describes these decisions as having been made in the highest cortical centers. He points out that the poor form accuracy (F—) of the schizophrenic reflects the ego's preference "to desist from measuring the self with one's fellows (reality)," while the poor form of the encephalopathic discloses the "loss of tissue doing the criticizing." It is in these ways that form accuracy should be considered as mirroring the patient's perceptual control and the degree of critical interpretation of the biosociophysical field in which the individual is functioning.

In the analysis of a protocol the examiner must consider the "goodness" of the subject's reality contact. Formally, F and F+ (conversely, F—) percentages are the data from which the quality of reality testing may be inferred (26, p. 112). In an optimal distribution there should be between 30 and 60 per cent F, with approximately 90 per cent of this in the F+ category. The contribution of the form determinant to personality is evaluated in terms of its basic meaning as modified by the context within which it occurs, i.e., the

location, accuracy, content, and its relationship to other determinants. These are the factors that give quality to the skeletal structure.

An overemphasis of form, 65 to 100 per cent, is characteristic of the pedantic, meticulous, unimaginative person. The subject, in this instance, is extremely defensive, so much so that there is a need to resort to stern objectivity as an aid in fending off the impending anxiety that might be engendered by indulgence in nonobjective ideation. Furthermore, the testee may fear emotional reactivity to, and involvement with, the social milieu. What better adjustment (defense) than to shut oneself off from inner promptings and external stimulation which might elicit these ego-alien associations? Thus, the F per cent discloses the degree to which the subject is critically examining problems and relating them to the real world in which he lives and behaves. Too high F reveals that the subject is too critical, too afraid to "let go" of objectivity.

An underemphasis of F, 0 to 30 per cent, is pathological in that the testee is responding to other than the "objectiveness" of the blot stimulus. Reduced F percentage means high "some other" percentages, such as movement, shading, and color. With reference to this Beck (83, p. 154; 89, p. 131) has devised a Lambda Index (L. I.) which is the ratio of all nonform-determined responses to all concepts utilizing F (all non-F: $F+ + F + F-$). In this way the degree of "adhesion to control" may be estimated. There is an inverse relationship between L. I. and the extent of control, or rigidity or resilience, of the individual. The higher the L. I. the greater the number of non-F determinants and, therefore, the lower the degree of adherence to objective reality as represented by the ink blot stimulus. Interpretively the subject is somewhat resilient. The same reasoning applies to the greater amount of pure form-determined concepts as compared with the nonform percepts. In this instance the ratio is low and discloses a greater dependence upon stark, unembellished reality. This suggests the rigid person. Beck states that the norms for his L. I. have not been established. However, on the assumption of 30 to 60 per cent F as optimal, the L. I. should range between .68 and 2.2 in order to be considered within normal limits with regard to flexibility of dealing with the objective features of the environment.

An L. I. below or above these limits respectively reflects rigidity and resiliency of the individual's rational processes.

The quality of this reality responsiveness inheres in the quality of the form, i.e., its accuracy, F, F+, F—. Good form, F+, reveals excellent use of the stimulus and acceptable contact with reality. This is seen in the highly intelligent person, the realistically thinking individual. The usual expectancy of F+ (26, p. 44) is 90 per cent or more. Percentages below this minimal level raise the question of the tenuousness of the testee's ties to reality, i.e., how close or distant are the concepts with reference to the objective stimuli. The closer the relationship the more accurate is the subject's ability to relate himself to reality. The more distant, inaccurate, or distorted the percept in terms of the objective nature of the stimulus the more incapable is the testee of making constructive use of his objective world. Poor level of form accuracy is the product of the brain damaged quite consistently, while the psychotic vacillates markedly between good and poor form usage. In the organic F— stems from two sources: (1) the inability to synthesize multiple stimuli and to deal with abstract concepts so that the effort to go beyond concrete stimulus interpretation results in a poorly synthesized resultant percept, F—; and (2) an excellent form percept given to an earlier card may be perseverated so that F+ (which solved the problem in that instance) in one plate proves to be F— in a subsequent plate.

The hebephrenic and simple schizophrenic patient functions irregularly and therefore interprets what he sees and thinks in an irregular manner. The resulting productivity fluctuates between good and poor, sometimes bizarre, application of form in determining percepts. The tenuous hold on reality is inferred from this alternating between F+ and F—. The paranoid schizophrenic is capable of a higher degree of control and therefore F+ percentage will remain fairly high. The degree of health may be implied from the F+, with deterioration positively related to increase in F—. Even with 30 to 60 per cent F a clue to possible pathology lies in the F+ and F— distribution which reveals the subject's mode of experiencing and responding to the real world.

In the affective psychoses, the phase of the cyclothymic reaction will be reflected in the quality of the form usage. The depressed phase shows high F percentage due to the constriction in emotional-

ity. At the same time the form quality is not consistent because of the inability to sustain effortful attention on the stimulus. In the euphoric period F percentage is low and F+ is extremely low in the light of the subject's easy suggestibility and low threshold of stimulation. These two factors result in part stimuli giving meaning to larger areas. The bizarre productions (contaminated and confabulated) of the excitable patient are the outcome.

In the neurotic, F percentage holds up but with crucial stimulation eliciting ego-alien thoughts; F+ becomes F—, definite indicators of an area of conflict. Such changes are assumed to be the result of neurotic shock, i.e., color, sex, and shading shock. The mentally retarded person is usually unimaginative so that the use of form is quite high but its accuracy is contrastingly poor. This stems from an inability to utilize the contours of the blot adequately due to limitations in creativity, in organization, and in the breadth of experiences upon which to draw and which are important in concept formation.

In sum, the subject's use of the contour or shape of the blot reflects the ability to relate oneself to the purely objective aspects of reality. This means the manner in which stark, unadorned, and unelaborated reality is adhered to in an effort to deal with problems. From this is inferred the adequacy of problem solving, one aspect of intelligence, and ties to reality or the ability to remain in healthful contact with the environment. The sources for these inferences are not only the percentage of form-determined responses but also the accuracy of these percepts, i.e., F, F+, or F—.

Chapter 5

DETERMINANTS IMPOSED—1. MOVEMENT

This nonobjective response symbolizes an imposed perception (26, p. 47. Rorschach (842) did not include in his scoring scheme the three different kinds of movement that are in general use today. These modifications were introduced by Klopfer and Kelley (542): human movement, M; animal movement, FM; and inanimate movement, m, mF, Fm.

HUMAN MOVEMENT: M

Objectively the stimulus is stationary, i.e., from the point of view of the observer. So far as the testee is concerned, therefore, subjectively, the stimulus is part of a process which initiates kinesthetic feelings that are interpreted as movement or kinesthesia. Basically the use of the movement determinant in an engram reflects the capacity for imaginative living beyond the confines of the stern realities of life. The key to enrichment of living is contained in the ability to project onto static ink blots human-like movement. Klein and Schlesinger (522) offer an interesting *process* postulate with reference to movement: "By this hypothesis, then, the range of apparent movement is an index of a person's readiness to accept a compromise solution to a task in visual organization, how much tampering he permits with things as he knows them to be for the sake of expedience or comfort, or, more generally, how well he can tolerate an unstable or ambiguous state as a solution to a perceptual problem. Reciprocally, it tells us the degree to which one's personal stability requires that things be maintained as they are known to be, to what extent reality testing demands the stability and immobility of known stationary forms." Form boundness as against form lability or toler-

ance for instability is mirrored in the subject's ability to impose movement. This freedom from the rigid realism of the stimulating environment may serve as a source for adjustment in view of the flexibility of "moving" about the facets of the problem so as to seek new insights with new interrelationships. This, of course, must be within the context of reality itself, otherwise control is below optimum and fantasy living may take over. Some imagination is necessary and healthy, too much of it is autistic and even bizarre. More simply stated, these writers seem to express the beliefs of most Rorschach workers, viz., in the experience of human movement responses may be found the sources for actual and potential adjustment, tolerance for accepting change, and extent to which the subject can compromise. All this must be considered in the light of reality contact.

To the genius of Rorschach is ascribed the basic meaning of the movement response as indicating the individual's potential for "inner creation" and how the subject relates himself to his social milieu. The projection of one's "role in life" (149), or self-percept, is drawn from the "extensor" or "flexor" nature of the movement responses. This flows from the rationale that the self-percept and body image is projected from the testee's sensations or feelings continually assailing him as a result of internal and external stimulation. Schachtel (908, p. 98) calls this the "tendency in the individual to view others and the environment in an *automorphic* way, in his own likeness." The basic meaning is modified by the context within which the M determinant occurs. No one determinant can be singled out as being unique in its effect upon M interpretation. All play a role in addition to the form accuracy inherent in the human movement percept and scoring symbol. The latter is important in differentiating wholesome and constructive productivity from conceptually poor (perhaps bizarre) autistic fantasy. The M response contains the self-perceptions that are usually on the level of awareness, the active role which the subject is currently playing. This does not imply acceptance of the role by the person.

The optimum number of human movement-determined concepts has not been fixed. In general, the higher the intelligence level the greater the number of *good* M's. Altus and Altus (38, p. 533) conclude: "... the curvilinear regression of M on intelligence is, appar-

ently, a function of the unstereotyped M." The reference here is to M+ that is not of the popular variety usually elicited in plates I, II, III, and IV.¹

The presence of M-determined responses indicates the capacity for human identifications. As postulated by Piotrowski in an interesting series of assumptions (760) the tester may derive the subject's self-percepts, acceptable and alien, and his attitudes toward human figures in his environment. Derogation of human figures, e.g., witches, clowns, animal-like human responses, reveal unacceptable interpersonal relationships. This is especially true in the production of the schizophrenic who sees depersonalized and/or deteriorating human content. Since form is assumed in the symbol for human movement, M, the level of form accuracy gives insight into the degree of contact with reality that is inherent in the percept. Thus, M+ and M— reflect the ties to reality expressed in the testee's human associations. Disturbed interpersonal relationships, when M is expressed, will eventuate in M—. Yet the neophyte in the Rorschach method requires a basis for beginning interpretation. In a record of 30 responses normal expectation is two M responses. Less than two is suspicious of a lack of richness of inner living and acceptance of self. Singer, Meltzoff, and Goldman (953) in a study of the relationship between M and motor activity, found that an individual experiencing motor inhibition will express this demurral in an increase of M responses, while the "motor" active subject gives fewer M's. The subject, then, who has a high degree of self-restraint will experience and express this energy in ideational motility (M, FM, and m). Movement-determined percepts may be a substitute for actual living out or acting out one's needs, desires, and aspirations.² By the same token, the protocol with a dearth of movement may reflect the active subject with less need or capacity for self-restraint.³ Logically, if not psychologically, the M producer has greater potential for adjustment

¹ This is similar to the interpretation of whole responses (see Chapter 2) in which some are readily organized by virtue of the structure of the blot. Such easily formed whole percepts, as in cards I, II, IV, and VI, are usually the popular responses. Thus, while they indicate an ability to deal with abstractions they contribute less to the implication of intellectual function than the more rarely formed W percepts.

² Especially when color responses are few or absent.

³ The color total will usually be high and indicative of "acting out" tendency.

because of greater tolerance. This holds up to the optimal point; beyond this, tolerance for adjustment or compromise may be so malleable as to take the shape of a wall (defense) around the subject behind which he lives so completely with little need for external reality. This condition dramatically illustrates the extent to which the patient (for patient this person indeed is!) is accepting his inner life as the more satisfactory guide to adaptive living.

ANIMAL MOVEMENT: FM

In this type of response the subject associates with the more frequently perceived aspects of the blot and ascribes movement to it. Because of the plethora of possibilities for animal responses the interpretation of the intellectual functioning in the higher direction is not especially enhanced. Quite the contrary, a high number of FM responses contributes interpretively in the opposite direction, viz., the testee is not handling his drives maturely but is channelizing this *Gestaltungskraft* or mental energy in a manner characteristic of performance at an earlier chronological level. The mode of adjustment ascribed to the animal movement response is *as if* cortical control has been removed (in the adult through the use of alcohol or drugs, or by some trauma) and the person is freer to indulge in less inhibited behavior permissible at an earlier age. Of course children are not expected to be as repressed and restrained as adults. Therefore a higher number of FM responses is expected, and observed, in the protocols of children and teen-agers. Gradually, however, as the socialization process unfolds and takes root in the growing personality, FM becomes less prominent and M is on the increase. This process symbolizes the growth in intellect, experience, and acculturation (all adding up to maturity) of the individual in a social milieu.

The FM response is potential M, i.e., the imposition of movement stems from the same subjective ability to experience kinesthetically when exposed to a static stimulus. The description of FM as immature resources for adjustment is based on the association with an animal figure instead of a human percept. Children live in a world of fact and fancy intertwined. Thus the capacity for imagination, for subjectively imposing a process that is not present in objective real-

ity, is more readily attached to animal forms by children. This is normal for children but not typical of adults. Therefore FM discloses the child's good adjustment resources for *his* interpretation of *his child world*. In the adult it mirrors a less mature channelization of inner creativity.

The direction (flexor or extensor) and intensity vectors of the animal concept(s) define(s) the degree of passivity or assertiveness of the primitive, basic drives which are coming to the surface and which are seeking expression as representatives of the "most instinctual layers within the personality" (542, p. 278). The value of FM is not entirely negative; basic drives, sources of physical energy, are necessary for meeting the needs of everyday living. It is the *relative* presence of FM in the context of other modes of experiencing that will contribute to the appraisal of personality.

INANIMATE MOVEMENT: *m*, *mF*, *Fm*

If the human movement derives from the conscious aspect of living, i.e., the projection of one's self-percept derived from one's awareness of kinesthetic feelings, then the inanimate movement is least acceptable because it originates in associations furthest removed from the subject's awareness. The *m* concept symbolizes forces most likely to engender anxiety if permitted direct expression; therefore, they represent the most repressed forces in the personality structure. The intensity and direction of the *m*-determined concept reflect the magnitude of the internal kinesthetic sensations and, by inference, the extent to which the subject is open to psychological trauma. Halpern (335) believes that FM and *m* responses represent the least acceptable and most unconscious conflictual drives of the individual which are almost completely repressed. The nature of the *m* production reveals to the tester: (1) the strength of this repressed, actually hostile, material; (2) the nature of the repressed material—which has to be "worked through" with the testee; and (3) the amount of emotional disturbance which would be incurred should the conflict come to the level of awareness. The degree of control over the intensity of the disturbance is manifested in the form element introduced into the percept. Explosions, squirting blood, shooting flames, disclose an uncontrolled, acute disturbance potential as contrasted with the *m*

involved in the concepts of a gently flowing stream or of a leaf falling down. Another factor is the level of form accuracy ($mF+$ or $mF-$, $Fm+$ or $Fm-$). Like other form-involved responses, the accuracy reveals the extent to which ties to reality are affected by an emotional upheaval, or how the subject experiences disturbing associations.

This determinant is usually a sign of poor mental health. However, in a context of M and some FM its adverse meaning is modified somewhat so that the testee's inner life may be considered less chaotic than would obtain if m outnumbered M and FM or occurred in a picture of FM alone.

INTERRELATIONSHIPS

In the protocols of adults it is usually expected that there will be more M than FM, and that m (m , mF , Fm) will occur not at all or not more than once in a record. In the younger years the M determinant should emerge gradually with increase in age. This implies sources of healthy growth toward emotional stability. M that appears too early may suggest a precocious maturity and a loss of some of the adventures of childhood life stemming from lack of affection and acceptance, thus forcing the child to fall back on himself as a source of security and satisfaction. Concomitant with the appearance and increase of M the initially emergent and predominant FM begins to decrease and continues to do so. However, even in the most mature and stable adult there should be FM present to reflect the basic drives that remain part of everyone's biological make-up. Absence of FM discloses a lack of drive necessary for carrying on everyday activities. By 40 years of age, in males especially, the M should be much higher than FM to mirror the attainment of stability in personal and career activities. For by the time the person reaches this age, there should be less seeking and a higher degree of "settled" stability requiring less expenditure of energy.

In an intratensive setting (M greater than Sum C) the subject will require more M than in an extratensive (M less than Sum C) picture (552). Much more mental energy is required by the intratensively inclined person to meet bifurcated needs: (1) those involved in his autistic propensity, to imagine and fantasy, thus using up

some M; and (2) those originating in his external world, presses which require solution and/or satisfaction. This is in contrast to the extratensive individual, i.e., more sensitive to external stimulation, who does not have as much demand for overcoming autistic needs and therefore can channelize most, if not all, available energy toward the solution and/or satisfaction of these motivating urges. In both experience settings the nature of the content, viz., the liveliness or forcefulness of the movement, will disclose the extent to which the sources for adjustment, the mental energy, are available for use. Again, the intensity and direction of movement are useful indices of the submissiveness or assertiveness of the self-concept (M), the basic drives (FM), and deep-seated, anxiety-producing conflict (m).

Other relationships discussed below will acquaint the student with the significance for Rorschach interpretation of determinants considered as part of a pattern rather than a series of isolated factors, each with an independent meaning unrelated to the other elements:

1. $M:Sum\ C$ refers to the personality, the experience balance (EB), or the *Erlebnistypus*. This reveals the conscious and current mode of experiencing and responding to stimuli in the phenomenological field. The major modality that serves the testee as a source of motivation and as an outlet for behaving may be inferred from this ratio. M greater than $Sum\ C$ denotes the intratensive personality, the manifest prevailing response is to inner urgings, the thinker rather than the doer (although the possibility of tendency and ability to "act out" one's affective responsiveness is not precluded entirely). Since the subject is reacting on the level of awareness to both internal and external stimuli, the ratio is interpreted as the current mode of responsiveness.

2. $FM+m:Fc+c+C'$ discloses the latent and less accessible personality characteristics. Both are modifications of the more conscious personality facets, e.g., FM and m are related to M; c and C' are akin to C, color. As such, this ratio indicates the experience balance at a chronologically earlier period of behaving. FM and m emphasize potential M or how closely the testee approaches the more mature method of dealing with inner drives; while c and C' signify potential C or how closely the testee is able to relate himself fully to the external world yet demur or delay actual motor activity. Thus, in terms of possible responsiveness, it may be assumed that the $FM+m$:

Fc+c+C' ratio discloses a chronologically earlier, and therefore currently less mature, mode of behaving. It is *as if* cortical control were removed and the testee is perceiving and reacting with a lesser degree of inhibition.⁴

If M:Sum C gives the current mode of living, then FM+m:Fc+c+C' reveals the previous (childish, less controlled) mode of dealing with the stimuli in the life space. If both ratios are in the same direction, i.e., M is greater than Sum C and FM+m is greater than Fc+c+C', there is no change in the direction of *Erlebnistypus*. This does not preclude a change in the *intensity* of mode of experiencing and responding within the internal or external segments of the ratios, e.g., M:Sum C = 5:1; FM+m:Fc+c+C' = 3:2. In these proportions there is no directional change, but there is a decided decrease in intensional thinking and an increase in "acting out" potential under less inhibited conditions. One might hazard the opinion that at an earlier age (and currently when less on guard) this subject was still predominantly intratensive but his affective experiences were (and could be when less inhibited) more labile and more responsive to the environment. In growing up this subject has become, for a variety of reasons, more responsive to inner promptings and less willing to relate with the social milieu. Did this person pay a price for growing up?

On the other hand, M greater than Sum C with FM+m less than Fc+c+C', the present manner is extratensive but under stress and concomitant loss of inhibitory restraint the subject would most likely "act out" or seek satisfaction for more basic drives in the external environment. A change in the personality has taken place. The previous (younger) EB discloses an outgoing make-up, this is at variance with the present mode of experiencing and behaving. Whether the testee's reactions would be violent, aggressive, assertive or submissive, passive, meek, is dependent on the nature of the content within which the movement or shading determinants are given. The opposite ratio has the same meaning: current reaction may be predominantly extratensive (M less than Sum C) while in a disturbing

⁴ This interpretation is especially helpful in the manner indicated by Piotrowski (149), viz., that it will reveal the direction and intensity of reaction by an individual who is under the influence of alcohol, drugs, or some other traumatizing agent, all of which are capable of removing or interfering with cortical control.

situation or with cerebral dysfunction the testee may disclose a withdrawing type of behavior ($FM+m$ greater than $Fc+c+C'$). Again, the intensity of the reactivity depends on the liveliness of the determinants in the concepts. Another interesting inference stems from the following: in the $M:Sum\ C$ ratio intensity may be assertive, aggressive; this may or may not be true of the $FM+m:Fc+c+C'$ ratio. If the action is energetic or phlegmatic in both ratios then the presence or absence of restraint will make little or no difference in the person's manner of responding to the forces in his life space. If the former ($M:Sum\ C$) is passive or assertive, and the latter ($FM+m:Fc+c+C'$) is passive or assertive, the overt behavior will differ in the indicated directions under conditions of control as contrasted with lack of control.

Intimately tied up with the above two ratios is a third one, the color ratio (C.R.) or number of responses to plates VIII, IX, and X. This is usually expressed as a percentage and is also known as 8-9-10 per cent (26, p. 113). On the assumption that responsiveness to the chromatic hues of the plates reflects the ability and nature of the person's experience of emotional stimulation from the environment, the higher the number of concepts given to the last three colored plates the more sensitive is the individual to external stimulation. Thus, the C.R. is compared with the $M:Sum\ C$ and $FM+m:Fc+c+C'$ proportions. This will be discussed in detail in Chapter 11, footnote 13.

Chapter 6

DETERMINANTS IMPOSED—2. SHADING

The use of shading to formulate a response has been accepted quite readily. The differential use of shading tones has been recognized and discussed by practically all investigators who have worked with ink blots. Hertz reviewed the shading response and traced it to Rorschach and Oberholzer: "A shading response, or as it was originally called, a 'chiaroscuro response,' is one determined by the shadings and the light-dark values within the black and colored areas . . ." (394, p. 123). Agreement does not seem to be prominent in regard to scoring symbols and the means of determining how to score a particular shading response. Also, the rationale for the different kinds of shading symbols seems to be at variance. Binder writes of two types of shading responses, "Those involving (a) dysphoric emotional tones where the 'darkness' and the 'shadowiness' are employed, and (b) euphoric emotional tones, where the lighter shadings and the fine gradations of grey tones are stressed" (394, p. 128). Diffusion is also noted by Binder under the name of *Helldunkeldeutung*. Beck (83, pp. 126-145) speaks of the "light-determined response: FV, Y, T." The latter, T or texture determinant, is a new addition to the family of Rorschach scoring factors devised by Beck.

The Klopfer system (542, pp. 126-145) is more widely used in this country and will serve as the basis for interpretive elaboration. Before considering each of the categories separately it is advisable to refer to the general meaning of the shading determinant as summed up in a paper by Rorschach and Oberholzer (842, pp. 245-246): "Chiaroscuro responses showed something of the ability to manipulate spatial dimensions, hence ability to apperceive space, depth, distance. . . . More important, this category revealed significant aspects of the affective life of the individual." It is related to the "capacity

of adaptation in the affectivity; it reflects an anxious, cautious, and unfree kind of affective adaptability to the will to master oneself and especially to an inclination to a depressive fundamental disposition (*Grundstimmung*) which one tries to master in the presence of others." Unfortunately little is actually known regarding the dynamics of the shading-determined concept. "The evidence such as we have it," states Balloch (59, p. 120), "is based on clinical observation and quite a large amount of it is purely speculative."

SHADING AS DIFFUSION: K, KF; AND VISTA: FK

In this type of percept the subject employs the shading tones as an unlimited expanse best characterized as diffusion (26, p. 56). Actually this reflects the diffuseness of the testee's anxiety. The "unboundness" of the anxiety state manifest in a K or KF concept proclaims the subject's inability to focus on the nature of what is troubling him. Interpretively this determinant reveals a free-floating type of anxiety. Pure K concepts, e.g., smoke and fog, symbolize pervasive and overwhelming diffuse anxiety. The KF response, such as a "cumulus cloud" suggests that the subject is making an effort to introduce some semblance of reality (F) into his struggle to cope with the anxiety. This is usually a futile, or at best a partially successful, assay to come to grips with the pervasive threat to the integrity of the personality structure. The nebulous, vague intangibility of the K-determined response (despite the introduction of a secondary form element) stems from the inadequately assimilated forces within the personality—forces which the testee is unable to handle properly. Every such concept lays open to inspection the chaotic condition of the individual's inner feelings from which anxiety and distress arise. The degree of distress may be inferred from the number of K— (and k—) determined percepts.

In connection with K and KF it is necessary to turn to a consideration of FK, vista or distance. This three-dimensional expanse or perspective shows that the testee is making some effort to disperse the noxious and pervasive intangibility of the inner anxiety. In a manner of speaking, the vista-perspective concept stands as a safeguard against the intolerable buffetings of anxiety-laden conflicts from within the individual. They reflect an attitude of wary watchfulness

of the ego over threatening inner impulses. (In psychoanalytic terminology and conceptualization these FK percepts mirror the attempts of the ego acceptably to relate the inner strivings and instinctual drives to reality, or external world.) Thus, FK is a representation of an introspective attitude and a desire for self-appraisal, i.e., the person is attempting (1) to come to a realistic, intellectualized (F) appreciation of his problem, and (2) to understand relationships and to trace them to the etiologic agent(s). The latter may be inferred from the testee's report of the position of the percept, viz., is the subject above, on the same level with, or below the observed engram. The position of the reporter is tantamount to an expression of superiority, equality, or inferiority with reference to the given concept. The presence of one or two FK concepts in a protocol discloses the individual's introspective tendencies. The absence of FK does not necessarily mean that the subject cannot introspect, it may very well be that the testee is utilizing some other means of achieving some measure of self-appraisal and adjustment, e.g., through healthy, or unwholesome, M. But the use of more than three FK-determined associations in a record is suggestive of a marked tendency for an unhealthy type of introspection in which the individual feels inferior and the self-evaluation tends to be self-critical rather than wholesomely constructive. This effort at personal insight when tied up with M concepts may point to a suspicious make-up, the type of structure that one sees in the paranoid patient whose introspections are related to fantasies about the self rather than being rooted in external reality. The patient has become too aware of his anxiety and needs to search for causes outside of himself. This is unhealthy.

On the other hand, diffuse shading associations with CF or C (presumably in an extratensive setting) represents agitated anxiety, i.e., distress that is reinforced by emotionality. Another way of stating this is that the subject is "taking out" his anxiety "on" his external environment; he may be noisy and obstreperous. However, in an individual who is extremely frustrated, who is unaware of, or unable to accept, the frustrating material, the protocol will disclose K or KF with m and/or FM. The built-up tension is quite marked in this instance, and there will be a need to find some outlet for the discharge of this energy. If the subject cannot cope with the anxiety that might develop from his "acting out" his needs in the external

environment,¹ then there are two possible directions these pressures may take; which one prevails is a matter of the degree of stress and past experience.² Basic to both alternatives is the complete absence of color responses (Sum C equals 0), or at most one or two FC responses (Sum C equals 1), revealing the subject's inability to relate the satisfactions of needs with socially acceptable modes of behaving: (1) The person may turn this energy inwardly to the extent that a psychophysiologic reaction will ensue—conversion, dissociative, or somatized reaction—indicating that the energy has found an outlet through one or another organ system of the body; or (2) there may be a flight into total fantasy living because of the threat-laden external world; in this logic-tight self-constructed world all is serene and any external stimuli that pierce this autistic barrier are apperceptively distorted for the comfort of the perceiver.

In any instance, diffuse and vista associations are interpreted on a continuum: K is a disclosure of uncontrolled distress, an inability to alleviate the anxious state; as form is introduced the individual is signaling his attempts to deal with it. KF shows a modicum of awareness on the part of the subject in that an effort is being made to insinuate some rational appraisal into the conflictual situation. Inherent in the FK concept is the imposition of limits or appreciable

¹ Another way of putting this: some testees are unable to accept the consequences of their reactions or behavior which might ensue as a result of seeking avenues of tension release in a social milieu. The expressions (of the need-motivated energy that is directed outwardly) may lead to hostile and/or aggressive behavior against significant persons who are in a position to retaliate or who have the prestige of social mores and cultural taboos to enforce direct punishment or reinforce guilt feelings. These, in turn, increase feelings of insecurity which give rise to further intense anxiety.

² It would be well to consider Hooke's (589) "*ut tensio, sic vis*"—freely translated: strain is a function of stress—which has been put into a formula: $S = Es$ (S is stress, s is strain, and E is an elastic property). Lehmann (589, pp. 387-388) points out, "The more elastic a mechanical system is, the smaller the strain which develops in it under the impact of stress. . . . Hooke's law applied to a living organism would simply state that the strain suffered is in direct proportion to the stress imposed upon it and in inverse proportion to its capacity for homeostatic regulation." For the Rorschach interpreter the application of this principle lies in the search for predictive signs of behavior. In addition to the inferences available from the Rorschach responses, the estimate of elasticity, which will increase or decrease strain, must be derived from previous (learning) experiences of the subject. It is this last which gives the flexibility to the "E" phase of Hooke's law.

dimensions on the expansiveness of the free-floating, unbound anxiety. While not quite successful, the testee *is trying* to "compensate for his anxiety, at least on an imaginative level, if not in concrete reality" (149, p. 75). The effort to come to grips with one's difficulties, to indulge in self-evaluation, is healthy in some contexts, unhealthy in others. The interpretive continuum of the shading response is continued in the toned-down shading effects that are utilized in formulating a concept.

SHADING AS DEPTH: k , kF , Fk

This is the experience of three-dimensional expanse projected onto a two-dimensional plane such as "X-ray" or "topographical map" percepts (26, p. 53). The subject is attempting to objectify and give some context to his anxiety by reducing the vagueness of intangible distress. Klopfer (542, p. 242) writes of the k -determined percept in this vein: "In all these cases the attempt to intellectualize anxiety is merely more obvious," i.e., more obvious than in the use of the K and KF determinants. The dynamics are rooted in the organism's effort to meet the threat of an idea or situation symbolized by the shading components of the selected blot area. The effort to reify is reflected in the giving of limits, or definite dimensions, to what could otherwise be a diffuse, boundless use of the shading tones of the stimulus as in K . The difference between K and k , respectively, is the difference between unbounded diffusion and limited diffusion.

The use of form with shading, better if the form accuracy is good, is interpreted as the introduction of a higher degree of intellectual reality to account for the insecurity due to anxiety. More specifically, the testee is adhering as best he can to the real situation in the hope that it will serve as a prop for handling his distress and personal discomfort. Thus k reflects limited concern but no saving graces are in view as the situation is perceived by the subject. In kF and Fk respectively the ties to reality become more pronounced so that anxiety is under increasing intellectual control. (The quality of the mastery is related to the $F+$ and $F-$ component in the scoring unit.) This determinant occurs often in neurotic states. The presence of two or more k , either alone or in combination, suggests anxiety beyond the normal limits (149, pp. 14, 260). A record with one or

even two Fk-determined concepts manifests the distress which seems to be the usual burden of most individuals in our culture. The absence of k does not imply that the subject is anxiety-free. It would be necessary to examine the entire psychograph of Rorschach determinants and response contents to ascertain the subject's mode of expressing the feelings of insecurity and other indices of anxiety that are part and parcel of everyday living.

SUMMARY

There is no general agreement among Rorschach experts with regard to the scoring of shading responses. More common agreement is found in one oft-repeated statement exemplified by this excerpt from Piotrowski's introduction to a discussion of the shading response: "In this sphere of percept-analysis reigns the greatest discrepancy of views. Both the symbols and their psychological implications vary from author to author" (p. 149). The shading-diffusion and shading-depth responses are to be interpreted with the caution they are assumed to reflect.

Chapter 7

DETERMINANTS INHERENT— 1. LIGHT-DARK ACHROMATIC

Attention now turns to a consideration of those determinants which center about the variations in achromatic and chromatic value of the blots. These factors are: *c*, which may be employed in both the colored and noncolored plates, and *C'*, which ordinarily appears in connection with the achromatic plates (26, p. 59).

These particular determinants have found much wider acceptance than the ones discussed in Chapter 6. They are found on the "external" side of the Rorschach psychograph in the Klopfer and Davidson Individual Record Form (538). The rationale is that all light-dark experiences have the same basic meaning as color in that it represents the sudden impact of emotional feelings. It is symbolic of something other than pure intellectual control (or intellectualizing of stimuli) as represented by the *F* determinant. A light-dark response implies that the testee is aware of experiencing modalities besides the intellect.

SHADING AS SURFACE: *c*, *cF*, *Fc*

In general, the use of the shading tones as surface texture (26, pp. 58-59) involves a tactile quality or feeling. This is most frequently supported by the subject's rubbing his fingers over the blot when responding to plate VI with the popular "animal skin" concept. Pure *c* reflects a mode of experiencing which indicates that the individual is trying to make contact in the real sense. He is trying to touch and to hold on to something. It stems from a feeling of insecurity from which is derived a need to fasten on to something for security. In the language of behavioral dynamics it reveals the

testee's desire for close contact with aspects of his external environment in order to gain assurance of acceptance of himself. Pure c is not common in the protocols of healthy persons. It is assumed, therefore, that the absence of c in a record is a favorable sign (175). In the undifferentiated state, viz., pure c with no form element, this light-dark reaction may be interpreted as indicated above, a need to remain in contact, and, therefore, a search for affection and attention. When this reasoning is extended further the c-determined percept may be considered as a sign of egocentricity mirroring a drive to being all within the purview and control of the subject. The absence of stabilizing human movement concepts is suggestive of the subject's vulnerability to overwhelming sensuality. Combined with undifferentiated or poorly differentiated color percepts (C or CF) the sensuality is crude, gross, and may symbolize aggression directed against the environment and people in it.

Efforts at adjustment, to control the crude awareness and tactile sensuality, are concomitant with the imposition of form on the elements of the percept, viz., cF and Fc. The latter is, of course, healthier than the former and is expected to be present in an amount that exceeds c and cF in the protocol of an adjusted person. Cass and McReynolds (175, p. 181) found a median of two Fc-determined percepts for their standardization population. Other investigators state directly or imply the desirability of form-shading concepts. Piotrowski (149, p. 72) writes: "The Fc and c suggest that the subject tries to sacrifice (abandon, postpone, or modify) his important goals of external achievement in order to appear less assertive and thus more acceptable to the world; *the individual then is said to value his relations with the environment too much to jeopardize the respect, affection, and protection which the environment can give . . .*" (author's italics). The central theme of pure c does change if it is in a more socialized context (Fc)—sensitivity to social amenities and the desire to inhibit emotionality so as to be acceptable. The subject is tactful or cautious, depending on whether the E.B. is extratensive or intratensive.

In an extratensive setting the individual is relating well with his outer world and the Fc emphasizes the careful manner in which he reacts to this external stimulation. The desire to remain in good contact and satisfy his dependency needs brings with it the requisite

of so behaving as not to offend. This is social tact and characterizes the subject's manner of "securing" himself in this social milieu. On the other hand, in an intratensive setting the awareness is channelized inwardly so that the inner promptings are obeyed with caution. The testee is not totally free to lose himself in unbridled autistic behavior, M, because of the subject's awareness of external stimuli (c) which temper the tendency toward abandonment of complete avoidance of the external environment.

An excess of c and cF points to gross sensuality, the superfluity of Fc is somewhat akin to this with the element of intellectualized control, i.e., supersensitivity toward the deeds and words of those in the environment (in an extratensive setting) and extreme criticalness of self in an intratensive context. Klopfer (542, p. 287) describes the use of light-dark as texture: "Both texture and C' [see below] responses may be considered as an intermediate category between form and bright color which can serve two purposes: they may serve as shock absorbers for too strong emotional stimuli from without, or they may facilitate a still broader influx of impressions." If Fc exceeds the use of color in forming concepts, the interpretation is modified to indicate a desire to avoid emotional conflict. The use of Fc, cF, or c, is, then, a shrinking away from complete and spontaneous identification with the outside world. This is one indication of how this determinant fulfills the function of a shock absorber as defined above by Klopfer. In the presence of C'-determined (see below) percepts the possibility of depression or dysphoric mood must be entertained. It is interesting to note the kind of situation in which a testee can become involved insofar as his emotional life is concerned: the use of shading as surface mirrors a necessity for remaining in contact, ranging from the lover who must touch his loved one continuously in order to reassure himself of her love, to the socially conforming person who has marked dependency needs (love, security, acceptance) which must be satisfied in the outer world. If the subject does not react to color it is because of an inability to "act out" these needs; where shall he turn to find satisfaction for them? Not to the social milieu. Can he find satisfactions within himself? Yes, if good M's (or even poor ones, if out of context) appear in the protocol. It has been felt by Rorschach workers that the presence of Fc in an otherwise poor protocol is a favorable

sign—that the individual wishes to remain in contact, is aware of amenities, is still concerned. In a poor personality picture this looms as a hope for a favorable prognosis in therapy.

Like the other shading-determined engrams there is an element of anxiety present, but it is not the vague, intangible concern of K, or the "effort at limiting" of k. In the surface texture of c the anxiety is tied up or "bound." Thus, this determinant reveals the presence of a deep-seated experience of, and reaction to, threat from the testee's apperception of the environment. A more overt manifestation and reaction to threat is implied in the subject's use of black, gray, and white to formulate an association to the ink blot stimulus.

BLACK, GRAY AND WHITE: C', C'F, FC'

On the Klopfer and Davidson psychogram (538) this determinant is but one step behind the color responses. Its psychological meaning is analogous—one step removed from open affectivity or relation with the external environment. This is interpreted as denoting a cautious approach in responding to the stimulation of others in making interpersonal attachments. Ordinarily one or two such responses, preferably of the FC' type, may be expected in a protocol. This is an expression of the individual's controlled or intellectualized lack of self-confidence that leads to an attitude of suspicious caution. They may be tinged with hostility (depending on the context and the nature of the white association) or morbidity (the use of C' and C'F). Piotrowski (149, p. 78) quotes from Binder: ". . . c'-shock or dark shock makes its appearance only when the neurotically depressive mood is chronic, and it reveals stronger emotional disturbances than does color shock." Elsewhere Piotrowski develops the hypothesis that c' and Fc' (Piotrowski's use of the symbol) response discloses the ability to demur, the tendency to "give up, if necessary, many emotional gratifications which the environment can give, [but] to save the subjectively important ideals and individual goals" (149, p. 73). Furthermore, the c' response "is a valid sign of a serious emotional disturbance associated with an attitude of expecting the worst." The C' person is tending toward acting out, more so than the c person who has already shown a greater ability to inhibit overt behavior. This interpretation finds support

in the prevalent interpretation of black, gray, and white as the "burned child" complex, viz., the subject is basically responsive to emotional stimuli from the outside, but having experienced what Goldstein calls a "catastrophic" disappointment, the person prefers to withdraw from "hot, bright colors" to the safer nuances of the black-white continuum. This determinant also implies its shock-absorber role between the impact of affective external stimulation and the reality role of the individual, inherent in the F-determined experience.

SUMMARY

In consideration of all the chiaroscuro determinants, anxiety is at the basis. Its methods of expression, how the subject will cope with this psychological phenomenon, is important for the Rorschach interpreter.

In the K, or diffuse, determinant the testee is revealing the presence of free-floating distress, unbound anxiety which he is unable to fathom. At best the subject can try to put dimensions on it, i.e., give it some semblance of a beginning and an end. This moves the subject from K through to KF and FK. The next portion of the continuum, k to kF to Fk, is the repository for anxiety that is not as pervasive but its presence is not considered favorable for good adjustment. For the neurotic, however, it discloses the fact that the subject is struggling, is resorting to defenses to cope with his personal difficulties. Moving further to the right (on the continuum of shading-determined responses) are the toned-down associations of a tactile nature which bring the subject closer to external responsiveness, closer to potentially healthful interpersonal ties—c, cF, and Fc. Here the testee is attempting to relate to external reality in terms of affective attachments. For this assay to be effective the testee should have some capacity for acting out in order to satisfy dependency needs for love, esteem, and recognition from interpersonal relationships. Finally, the handling of anxiety through doing something, inability to sit out stress comfortably, is revealed in the extreme end of the continuum—C', C'F, FC'. These persons suffer from intermittent depressive moods with some agitation because of the pressure to act, yet at the same time there is an unwillingness or inability to become actively involved with the environment.

The chromatic use of achromatic blot areas is to be interpreted as abortive sublimation, viz., the testee is unable to control his impulses, he cannot live in the manner he would like to, he wants to act, to achieve; the conflict is resolved in an unrealistic, highly topical projection of the pressure to act out—the subsequent response contains the color determinant.

Chapter 8

DETERMINANTS INHERENT—2. CHROMATIC

This is quickly becoming another controversial area—all the more so, since a great deal regarding the interpretation of the color-determined concept is accepted somewhat uncritically. Wallen (1048), Dubrovner et al. (221), Barnett (61), York (1106), Allen et al. (25, 27, 30, 31, 33), Lazarus (585), and Meyer (663), have investigated, in one way or other, the influence of color on various aspects of the Rorschach productivity. The results are indefinite, even contradictory, with reference to the effects of the presence and absence of color in the Rorschach plates. It is difficult at this early stage to adopt a point of view other than the clinically verified one with regard to the influence of color in the Rorschach Test. This means adhering to the basic classical interpretation of Rorschach and his followers.

The rôle of color in human behavior has been explored in every culture in which there are language symbols for the color experience. Kouwer (561) has studied the color vocabulary of different societies and cultures. Among his conclusions the following loom quite significant: "2. The relations between color and other phenomena . . . can never be fully explained rationally. . . 4. The characterological value of the colors appears to be inextricably connected with their nomenclature in the language. . . 7. The designation of the colors in the language proved largely dependent on the psychological effect of the colors. . . 9. Psychologically the characters of the colors are given as an *a priori*. They may be analyzed and described but psychologically they cannot be further reduced or explained. . . ." In the Rorschach Test "color is seen in a special relation to emotional life" (561, p. 42). In discussing color and the Rorschach method Kouwer seems to summarize the current think-

ing: "The significance of these chromatic colors is assumed to lie particularly in the emotional sphere: interpretations based on the chromatic color rather than on the shape of the blots supposedly indicate a strong emotional component in the character of the subject" (561, p. 144). Schachtel, a profound student of the Rorschach method, essentially agrees with Kouwer. He reiterates Rorschach's (842) point of view when he asks this question: "What has the color experience in common with the experience of affect?" The answer lies in this hypothesis: "Color is essentially a phenomenon of the surrounding world, of the *visible world*. . . . Colors draw people into extroversion, as Rorschach once remarked, referring to the vivid colors of a carnival or a military parade. And the extratensive type is characterized by the urge to live in the world outside oneself and by a labile affectivity. All these qualities commonly emphasize the responsiveness, the *reactive readiness to respond and adapt to the environment and its affective stimuli*" (904, pp. 397, 407-408).

Color, then, has two interwoven qualitative components: responsiveness to external stimulation and affectivity. Therefore, the manner in which the subject handles color-determined associations mirrors the characteristic mode of dealing with the emotionally tinged aspects of everyday life experiences.¹ The basic meaning of a color concept is related to the emotional life of the personality structure; this is modified by the context within which color is employed; e.g., pure C, CF, or FC.

PURE COLOR: C

The first of these is the use of pure color in the formulation of a response (26, p. 66). Of this determinant, C, Rapaport writes: "(C) represents either the extreme of impulsive and wild affectivity, or an abandonment of all control" (801, p. 242). Responses such as "blood," "fire," and others that might utilize only the bright hue are characteristic of the manner in which the individual copes with the emotional stimulation by other persons in his social milieu. This is an unhealthy way of dealing with emotionality and reflects an in-

¹ The serious student of the experimental work in the problems of color and emotions is referred to Kouwer (561), Schachtel (904), and Norman and Scott (710).

ability to make an acceptable emotional identification. The person is literally and figuratively speaking the servant of his emotional upheavals when this pure color determinant is the dominant one. Such a person is usually considered to be unmindful of others because of his self-involvement. He is so engrossed in his unthinking reactivity to the experience of the bright hue stimulus that he does not consider his fellow man. The derived interpretation, then, is that of an egocentered individual who is unable to relate well in his social contacts when markedly disturbed. It occurs rarely in the protocols of well-adjusted persons. In those instances where it is found in the records of mentally healthy subjects it will be in the context of a richly variegated productivity. It adduces the *range* of the individual's capacity for emotional experience and not the *characteristic* mode of emotional responsiveness. It is at this point that a frequently overlooked aspect of the color response must be considered, viz., the specific color involved in the percept. Piotrowski (149, p. 65) and Kouwer (561) are especially strong proponents of the point of view that each color has its own unique meaning, interpretively, with regard to strength or weakness of the feeling involved, its positive or negative value, and the singular nature of the colors themselves. An example: "Blood, especially when it appears as early as in Plate II, was recognized even by Rorschach as a sign of fear of others; destructive fires, anatomical and sex responses implying violence, wounds or dissections of organisms, are other examples of negative CR" (149, p. 65). Positive feeling is expressed in "ethereal" color responses and constructive anatomical or sex concepts.

The mentally retarded and excited subjects give pure C because of the primitive, infantile emotionality which does not yield to reason and is uninfluenced by inhibitory cortical control. This is equivalent to the "I lost my head" type of response or behavior. In the neurotic it reflects the volatile affectivity in the personality structure. The testee finds difficulty in maintaining an evenness of function in the face of stress from the environment (as one directional source of distress) with consequent loss of emotional control. For the schizophrenic it discloses the inappropriate affect. Should pure C occur in an otherwise healthy record it reveals the intensity of emotional experience to which this person may be exposed.

ELABORATION OF COLOR: \bar{C} , C_n , C_{sym} , C_{des}

The color response is complex. In order to help the administrator and interpreter of the ink blot test to differentiate levels of emotionality, the pure color-determined percept has been subcategorized. The testee at times may be unable to assimilate the colored portions of the ink blot properly, yet he cannot avoid these stimuli which are impinging upon him. There are available several modes of handling the color stimulus, each of which is in keeping with the subject's characteristic way of dealing with the color-associated engrams.

A rather weak but effective defense against emotional involvement with the external environment is the denial of the influence of the color in the plates in forming a percept. This is called color denial and symbolized by \bar{C} . Brussel and Hitch (149, p. 13) state: " \bar{C} —color by denial ('I don't know what this red could mean . . .') indicating a weakness of integration, yet a lack of ability to reject the pertinent emotional stimulation." Color denial is not necessarily a pathological indicator. The subject is cognizant of his environment and rather than resort to apperceptive distortion he "nods" in its direction, gives it credit, but passes it by. He is announcing to the world that for good reasons (unknown to himself) he is in the world but wants little or no part of it. (It has been observed that color denial responses are usually accompanied by a high CR (color ratio-8, 9, 10%) percentage which supports the \bar{C} interpretation of sensitivity, but reluctance, to respond to the environment with positive feelings.

A more pathological manner of handling affective stimuli from the outside is to name the colors as they are encountered in the plates. This emotional defensiveness is one means of isolating oneself from the environment and its concomitant press for making interpersonal identifications. Thus, the subject deprives, as if by magic, the threatening import of external forces. By resorting to color naming, C_n , the subject is giving insight into the extent of emotional disorganization that has taken place. It reveals the magnitude of the fear that the testee's carefully built-up autistic world will be shattered by these aggressive representatives of a hostile outside world. For it is from this world that the subject is fleeing and against which

he must protect himself. Color naming is one way of neutralizing these threat-laden forces, for in doing this the testee is relieved of the necessity for assimilating and organizing these unwelcome colors that symbolize ego-alien, and therefore repressed, associations. This is more so if the repression is inadequate. Color naming seems to have a magical function and takes on the semblance of Klopfer and Marguiles' (545) "magic key" formula for meeting difficult situations that is usually seen in the young child. The C_n response is found in the records of the schizophrenic, the epileptic, and the brain-damaged patient. The last shows more clearly the effects of cortical disorganization and the desire to flee from a difficult field. How simple it is to denote concretely rather than flounder in the face of complexity which might induce awareness of inability to deal with problems, which increases anxiety, which . . . ad infinitum! In resorting to color naming the patient has given up the struggle. Piotrowski (149, p. 67) writes: " C_n is a measure of superficial affectivity which causes sudden mood changes: The patient is easily irritated but also easily calmed, his feelings being strikingly shallow and fleeting." The literature is unanimous in the consideration of color naming as a pathological response. (An important caution: the presence of this determinant, and many others, should not be interpreted unfavorably when dealing with the protocols of children.)²

Another type of pure color response is the C_{sym} percept in which the stimulus elicits an abstract or symbolic use of color, viz., "This red reminds me of Spring," or in plate X: "This is the spirit of Gaiety." The artist is more prone to give this kind of response than the individual who is less sensitive to the abstract-cultural interpretation of color. For an artist (with supporting pathological signs not in evidence) this is a banal response equivalent to the popular concept of the nonartistic person. For the latter individual the symbolic use of color is pathological in that it represents a contamination in the two spheres of the subject's life, the external and internal. The testee is not readily inclined to react to the external emotional

² For this particular point, see Allen, R. M. A longitudinal study of six Rorschach protocols of a three-year-old child. *Child Developm.*, 1951, 22, 61-70; and Allen, R. M. Continued longitudinal Rorschach study of a child for years three to five. *J. Genet. Psychol.*, in press.

stimulus, yet he feels he must. Instead of organizing and assimilating the color intelligently he confuses this external stimulus with his inner ideational fantasy. The result is a highly topical (personal) abstraction. Interestingly enough, much of the interpretation is also a function of the nature of the symbolism. "This red is Spring" is certainly less pathological than, "This red is Murder and Death." Color *plus* content lend meaning to the interpretive inferences regarding the subject's affective life.

One more generally accepted type of pure color response is C_{des} , the color description. In this the testee describes the attributes of the colored portion of the blot (26, p. 66) as he views it. This represents a commonplace use of color and places the subject closer to reality and the world about him, but he is "watering down" or diluting the impact of emotionality. As a defense against uncontrollable subservience to affectivity this is quite effective. Klopfer (542, p. 284) believes that this use of color belongs "to the CF combination, since the impact of pure color effect is mitigated by some rational element." Usually a testee who describes the color stimulus utilizes a difference in the shading tones (c) as one descriptive attribute. By doing this the testee discloses the effects of demurring or the ability to inhibit the impulsivity characteristic of a pure color concept.³ One response to Card X is: "This looks like a washed-out blue like you see in a water color painting." Scored: D C_{des} , c Ptg. (Inquiry reveals that the testee is using not only the blue color but also the differences in the shades of blue in the selected blot area, i.e., the lighter and darker portions of the blot.) In this concept the subject reveals his sensitivity to external stimulation, impairment of ability to relate well emotionally with his world, with, however, the saving grace of the tendency to control a possible outburst not by introducing intellectual control, F, but by actually inhibiting motility, c.⁴

COLOR FORM: CF

The introduction of reality ties in the effort to cope with the affective aspects of social living and responsiveness focuses attention on the combined color-form determinant, CF. The favorable interpre-

³ In the writer's experience this has usually been considered a favorable sign.

⁴ See Chapter 7 for a development of this reasoning.

tive aspect of the CF concept is its reflection of the subject's willingness to make warm emotional ties with others in his external field. This is usually found in subjects who are fairly well adjusted. It represents a high degree of spontaneity of affective association with the element of control, albeit secondary, present. It represents restraint that is tied to reality. Cass and McReynolds (175) and Beck et al. (91, p. 259) remark on this observation as follows: "Of most interest is the weighting in the direction of CF and FC, in that order; and the comparatively small instance of undiluted C. The population of which this sample is representative may, therefore, in respect to affectivity, be described as having made some progress towards maturity and towards capacity for social rapport. Yet they are slightly more labile than fully stabilized. . . . Again, one may speculate as to implications for our society generally; unstable, easily excited, but resisting undisciplined violence; and also reaching for a friend, mutually sympathetic, rapport." Beck and his coworkers implicitly attribute to CF an "unstable, easily excited, but resisting undisciplined violence" quality. Nor does their statement indicate that CF greater than FC (discussed below) is an acceptable optimum. The experience of other investigators has led them to deduce the fact that CF should be present in the record of a well-balanced personality in minimal quantity; one or two at most, balanced by a larger number of healthy form-color (FC) concepts. The absence of CF would indicate an inability to make emotionally warm and close personal ties with people in the social environment.

The above holds true for the adjusted person. In other personality pictures the CF concept gives insight into the method of coping with affective responsiveness to external stimulation. The manic manifests his elation and easy distractibility. Thus, since he is so readily attracted by any and all stimuli, he cannot introduce intellectual control, F, as a primary factor in his associations. This accounts, in great measure, for the evident lack of self-control seen in the reactions of the euphoric patient. This patient usually responds with C and CF concepts while FC percepts are lacking. The presence of well-formed CF associations, as compared with CF—, introduces a favorable element. In the neurotic the presence of CF mirrors the instability and the degree to which the testee is "emotionally suggestible." In children CF may represent a step in the

direction of growth toward maturity, FC as contrasted with C; but it also points to their affective lability with growing awareness of the intellectual aspects of coping with life's problems. One more word to round out the CF concept; in the superior individual it discloses the emotional sensitivity and range of affective responsiveness of this personality.

FORM COLOR: FC

The final color-determined response is the one in which the form (intellectual tie to reality) is primary and controls the secondary affective responsiveness. Thus, FC suggests the controlled approach to emotionally stimulating situations. It is expected to be present in optimal, not maximal, quantities. As an absolute number the usual expectancy is from two to four such concepts in a protocol.⁵ Of more pertinent significance is the relationship that exists between FC and CF+C concepts. Rorschach workers have traditionally accepted a ratio of 3FC:1CF:.5C. Too much FC, or FC in the absence of CF, discloses a restrained individual, one who is lacking in warmth and spontaneity since emotionality is consciously overcontrolled.

It should be noted that in the CF and FC percepts the level of form accuracy plays an important role (26, p. 66). The poor use of form, in combination with color, resulting in an FC— or CF—, reveals the weakened reality tie in the face of emotion-arousing stimuli. This gives a more pathological tinge to the color responsiveness and even dilutes the positive effects of FC. Thus, if in a protocol the CF lends an interpretation of warm personal ties being within the purview of the testee, the CF— modifies this quality and adduces a meaning of poorly controlled relationships, discomfort in such associations, and an inability to accept such interpersonal external attachments. In FC— the inhibitory effect of the intellectualized control over emotionality is deprived of its positive value. In its place is a distorted apperceptive reaction that bodes ill for the subject. The testee reveals an inability to handle emotionality despite awareness of the need to do so. He is just short of a complete actualization of his capacity for effective interpersonal relationships.

⁵ Absolute numbers mean very little in this situation.

Part IV

FANCY AND FACT: THE INTERPRETATION
OF SYMBOLS AND NUMBERS

Chapter 9

CONTENT

This phase of the Rorschach protocol contains many possibilities for the interpreter. How the content will be integrated into the personality picture is dependent, in great measure, on the set of concepts which the interpreter brings with him into the Rorschach situation. With better understanding of behavior dynamics the role of content as symbolic of the testee's ideational processes looms large. Most of the published reports relating to the integration of content into protocol interpretation are either completely analytically oriented or are strongly flavored with latent and manifest symbolism. Zulliger (1130) and Lindner (604, 605) seem to be the proponents of the symbolism of content. In a non-Rorschach setting the contribution of Machover (630) in her monograph on figure drawing interpretation may be considered as an example of this approach. Zulliger's paper is a definite "attempt to highlight the use to which psychoanalytic concepts can be put in interpreting content to symbolism on the tests" (editorial note, p. 61). This lead seems to have been followed by the greater number of Rorschach and non-Rorschach workers. The content of a response, however, cannot be separated from the determinants with which it has been organized. This requires, therefore, that content be considered within the context of *where* and *how* in order to obtain an adequate picture of the subject's method of experiencing and subsequent reactions.

In general, the variety of content is an index of the range of the subject's interests, experiences, and the extent to which he has benefited from exposure to the formal and informal aspects of everyday learning and living. The absolute number of content categories is not the major clue to the wealth of association. A fairly wide distribution can readily be obtained with animal, animal detail, animal

object, and oligophrenic animal detail percepts to which may be added anatomy, map, X-ray, and human detail responses. The sole use of these eight categories in one protocol detracts from, rather than adding to, the stability and wholesomeness of the subject's personality picture. Concentration in one area suggests the pervasiveness of that particular thought content resulting in a narrowing of receptive and expressive processes in keeping with psychic preoccupation. Excessive concentration points to the use of an adjustive mechanism (intellectualization) as a defense against ego-alien material from coming to the level of awareness. Possible clues to specific areas of personal difficulty stem from an analysis of the content of a protocol. The self-reference may be quite direct and easily detected by the tester and/or the testee, or the meaning may be so complex and deep-seated that its topical value may escape both. These two contingencies may occur in one Rorschach record. Piotrowski (149, p. 80) warns that, "Unusual content always indicates unusual and significant interests. At times frank individuals openly reveal very important personality traits in the content of their responses. Reserved and shy people sometimes suppress content which is objectionable to them. *Since content may be suppressed deliberately, it is less reliable than the other components of the test*" (author's italics). In a less restrained vein Harrower (346, pp. 51 ff.), in her dialogue with the learner-physician, explains: ". . . Now, turning to your own answer, What do you think of in connection with a beaver? *Physician:* Busy as a beaver. *Psychologist:* And, a sloth? *Physician:* Why, slothfulness, ease, relaxation. *Psychologist:* Isn't that a rather unusual combination, an extremely energetic and busy beaver and a lazy sloth? It might well raise all sorts of questions in regard to your habits of work and play and your conflicts over relaxation and duty, or perhaps a solution to such a problem. . . ." While this oversimplifies the directness of the relationship between percept and inference it does illustrate how content *may give clues* to the possible dynamics which determines one kind of response over the many other contingencies. Zulliger (1130) joins Piotrowski in urging caution when interpreting content symbolism.¹

¹ The student is urged to read the content analysis Zulliger (1130) presents in the cases of Franz and Lotti.

NUMBER OF CONTENT CATEGORIES

Allen (30) has generally applied the rule of thumb that nine or more separate classes of content are indicative of better than average diversification of interests. This is especially true if the nature of the contents is outside of the frequent animal and banal object percepts. The extent to which content may vary for the ten plates is evident in the frequency tables by Beck (83) and Hertz (412).

✓The number of categories should be considered a function of the total number of responses in the protocol. On the basis of 32 items in an average length record, approximately 50 to 60 per cent of the responses should be classifiable into eight or more content categories in addition to the animal percepts which may include up to 40 per cent of the total productivity. The lower the A + Ad percentage the more likely will it be for the intelligent, mature individual to distribute his responses among a greater variety of categories. The mentally retarded usually centers much of his intellectual ability in animal and part human ideas. Occasionally object concepts and one or two popular responses raise the total to as high as six categories. The limited content reflects the circumscribed experiential background and its subsequent narrowing of ideational processes. In the pseudo feeble-minded the content may be deliberately suppressed. The constricted associative indulgence is in the expressive aspect rather than in the receptive phase (unless this condition has existed since the early years of the subject). The pseudo retarded has a narrowed horizon as a defense against a threatening field. This, of course, is characteristic of the neurotically involved person.

A wide range of contents is correlated with broad experience and personality responsiveness that is free to give full expression to these associations. This is more so if the concepts are creatively original. The excited patient produces effusively but the percepts are usually ineffective (both as to popularity and originality) despite the extremely high number of categories. Thus, variation in the nature of response contents can be overdone as it is in the case of the easily distracted subject who produces with originality but with highly topical doubtful quality (F—).

CONTENT CATEGORIES

Human—H

Hertzman and Pearce (423, p. 421) conclude on the basis of their research that "the human responses in the Rorschach are capable of representing keenly felt attitudes about oneself and the environment." They follow in the very next sentence with a significant caution that human responses should not *invariably* be interpreted as such. Those subjects who are fairly well adjusted will have less need for verbalizing, consciously or unconsciously, their self-percepts and reactions to others. By the same token, those who produce few H percepts may also be in the group of individuals who need to suppress adverse self-percepts or hostile and aggressive attitudes toward others in the environment. The difference between these two types of H producers will ordinarily be found in the nature of the human percept. The latter, suppressers, will communicate more unhealthy concepts, e.g., derogated human figures (clowns, monsters, witches, and statues), deteriorated figures (falling apart, torn asunder, or body parts missing), and depersonalization references. These denote a pathologic attitude toward the self and/or others in the environment. Goldfarb (296, p. 8) believes that, "Vague, fearful, semi-human figures are to be interpreted to represent fear and avoidance of human beings." Should the testee produce good human percepts along with unhealthy ones the latter serve as excellent clues to possible areas of personal difficulty, e.g., plate III may elicit the usual popular male percept while plate VII may result in a derogated female response such as "two old ladies gossiping" (mild), or "statues of two women" (freezing the effect of the feminine aspect of the environment), "these are two dogs, two bitches" (interpretation left to the student!). The total or almost complete absence of H percepts in the protocol of a disturbed subject should alert the examiner to look for another category to reveal the area of conflict, viz., human detail, anatomy, or sex. Wholesome human identifications manifested in good form (F+) disclose "liberated intelligence" (Beck, 89, p. 62). Much may be derived from the nature of the human figure, but caution is always necessary in regard to the specificity of interpretation. In giving a human response the subject may be referring

to a facet of his own self-percept or to another significant person in his private world. Emphasis on one manner of describing the human engram reveals the pervasiveness of the testee's self-percept or his conceptualization of the role of others in the field. It is certainly desirable to know specifically the patient's attitude toward himself, mother, wife, father, etc. But the presence of a hostile H response cannot be interpreted quite so definitely. It is much more in keeping with the Law of Parsimony to recognize that there is difficulty involving the subject and another significant person than to state that the subject hates his mother. This aversion may or may not be true, the testee may be reacting aggressively to his own feminine tendencies, or he may have an antipathy for women in general or for only certain significant females. The answer lies not in the Rorschach protocol but in the life history.²

The human percept may or may not be seen in the context of movement. Where no kinesthetic sensation is experienced by the subject form alone may be the basic determinant. The testee's identification of self and/or other people is being made on an impersonal, realistic basis. The nature of this reality interpretation (see Chapter 4) is related to form accuracy of the identified human figure. The movement-associated human concept discloses the role the subject does or would like to assume in life (see Chapter 5). The acceptability or unacceptability of self-percepts and attitudes involving others in the field and the extent to which self-percepts and these attitudes are rooted in real conditions may be derived from the form quality of the H concept. Human figure productivity adduces the attitudes toward self and others. Those humans seen in a color-determined context may mirror the subject's mode of making social and interpersonal ties—FC, somewhat impersonal; CF, warm, sympathetic, and emotionally attached; C, impulsive and unwholesome.

With reference to the frequency of H associations, Cass and McReynolds (175, p. 181) find a median of 2.5 such concepts in their sampling, while Beck et al. (91, p. 269) indicate a mean of 4.5 (S.D.

² This should not make the Rorschach worker feel that he is not contributing adequately. At least there is a definite clue to an area requiring further probing in therapy, or a problem that should be handled with care. This is a contribution since it gives direction to therapy and may deter the therapist from uncovering too rapidly for the unprepared subject.

of 3.62) for their population. Because of the wide variability in the Spiegel Sample (Beck) it would be more appropriate to use the criterion of between 2 and 3 H responses as characteristic of the normal groups studied. In both investigations the frequency of M and H (+ Hd) factors are approximately equal. Therefore, within normal limits the H concepts involve movement, M. In above average H and M expectancy the frequency of H accelerates faster than that for M. This demonstrates that with better adjustment and higher intellectuality the testee goes beyond the popular human movement concepts to show other facets of his personality and ability that are distinctive of greater stability and maturity. "Absence of human figures," writes Piotrowski (149, p. 79), "indicates that the testee lacks interest in people as distinct personalities independent of and different from himself."

Human detail—Hd

Anxiety, restraint, and intellectual inferiority (primary or secondary) find an outlet in human details beyond the anticipated ratio of 2H:1Hd in the middle range of total responses. In disturbed persons the Hd percepts approach equivalence and even exceed H since the intellectual inferiority due to deprivation and/or impairment is pronounced. The mentally retarded, the manic, and the inhibited person will produce more human details than whole human percepts.

Oligophrenic human detail—Hdx

The perception of a part where normally the entire figure is seen presages a pathological condition. It is entirely absent in the protocol of the well-adjusted person. The excited patient reports Hdx responses because of easy distractability which precludes sufficient concentration on the blot area to produce constructively. The brain-damaged and mentally retarded cannot synthesize adequately to obtain an over-all and integrated engram. The inhibited person reveals the extent of emotional constriction and limited outlook on life in the production of Hdx responses. One such response is pathologic, two are even more so. In an extremely prolific record there may be one Hdx. This is not serious but does reveal the fact that at

the extreme of productivity the testee does become constricted and ordinarily should not be pushed to the limit.

Animal—A

This category has the greatest number of acceptable possibilities, especially of the "insect" variety. The usual expectancy for A + Ad is approximately 50 per cent of the total R. The tendency to devote a great deal of energy to animal associations is one manifestation of intrapsychic sterility. It is *as if* the testee, has become barren, constricted, and bereft of ideational diversity. Thus, the end product is a preponderance of associations that are easiest to make, i.e., bugs, insects, dogs, cats, and crustaceans. Before the interpreter hastens to assign a severely pathologic role because of the A contents alone, it is well to consider the following: of 24 (Beck) popular responses (91, pp. 280-282) ten are in the A category and the remaining 14 are distributed among six other classes.³ The animal category offers a ready escape for the subject who feels threatened by stimuli having unacceptable portent. The retarded finds it the easiest type of percept to organize because the multiplicity of shapes and shadings inherent in the blots may be tied to an animal concept however vague or clear, especially multiformed insects and bugs. The brain-damaged need not face another failure or difficult organizing task in view of the almost limitless choices among the genera in the animal kingdom. The absence of A concepts is not unhealthy since it underscores the testee's apparent freedom from rut-like banality.⁴

Animal detail—Ad

With increase in anxiety and unfavorable effects on intellectual efficiency animal detail productivity increases. Ordinarily, these should not be more than one half the absolute number of whole animal concepts. A disproportionate amount of Ad mirrors intrapsychic inefficiency due to anxiety, morbid inferiority, and marked stereotypy in thinking. In the manic reaction this reflects poor real-

³ For the student's information: the popular responses are distributed as follows—A, 10; H, 4; Hd, 4; AObj, 3; Clo, At, and N, 1 each.

⁴ Attention is directed to a paper by Goldfarb, W. (The animal symbol in the Rorschach Test. *Rorsch. Res. Exch.*, 1945, 9, 8-21) in which he reviews the psychoanalytic references to animal symbolism.

ity contact. The protocols of the schizophrenic paranoid who is actively delusional, and the latent, superficially controlled paranoid patient, will show a high Ad percentage. This is the result of marked sensitivity and suspiciousness of the environment which distorts stimuli and channelizes the perception of reality into a self-deluding system of interpretation.

Oligophrenic animal detail—Adx

Here is another pathologic index in the animal genus. This constriction factor is quite rare. Beck's Spiegel Sample (41) gave an average of 0.13 Adx responses per record. Beck considers Adx "to be evidence of an inhibited intellectual living, result of an anxiety state."

Animal per cent— $A + Ad/R$ or $A\%$

This is obtained by dividing the total A and Ad associations by the total number of responses. This percentage presents the extent to which the individual is free from stereotypy in thinking. A low A percentage leaves the subject freer to turn to other than banal ideation. However, the interpreter is cautioned to examine other content categories to see whether the A percentage is not being displaced by some other high percentage content classification. Spontaneity in ideation reflects lack of restraint. If the overemphasis is found in a category other than $A + Ad$ it might suggest a trend in personality aberration as well as the nature of the pervasive ideation. The basic amount of $A + Ad$ is 50 per cent. Above or below this ratio reflects more or less restriction in thought content and wealth of association.

$(H + A):(Hd + Ad)$

The intent of this formula is to ascertain the relationship of whole to part figures. From this computation the interpreter may evaluate the testee's approach to problems, the extent to which his criticalness permits the integration of details, and the degree to which he is free from constricting part views of stimuli.

This ratio usually calls for a 2 to 1 relationship for normalcy, i.e., the subject should be sufficiently free intellectually and emotionally

to produce twice as many whole figures as part figures. An overemphasis of whole figure, e.g., more than twice as many $H + A$ as $Hd + Ad$, indicates the tendency to approach and interpret situations from the over-all point of view with some, but not enough, attention to the smaller aspects. In the extreme case, all $H + A$ and none or very few $Hd + Ad$ responses, it would seem that the subject is overlooking essential details and therefore would find difficulty in fully appreciating a total situation. Support may be found in the $W-D-Dd+S$ distribution. If the prolific whole figure producer shows an overemphasis of W , then the implication of reliance on total views at the expense of essential details is justified. Again, due consideration should be given to the level of form accuracy for the H and A concepts. Poor form adduces pathological organizational ability and therefore faulty over-all views. While the use of total figures points to "liberated intelligence," the prevalence of whole figures with little or no reference to details suggests too much intellectual freedom.

The converse ratio, $Hd + Ad$ equal to or greater than $H + A$, is an unhealthy sign. This subject is overly critical, he is immersed in details and therefore functions in an inefficient manner because of anxiety which interferes with taking the time and making the effort to gain an over-all perspective before reacting to the situation—the approach is limited by a *pars pro toto* attitude. It is well to turn to the $W-D-Dd+S$ allocations for further evidence of this perceptive mode. Should the $D + Dd(+S)$ outweigh the W the interpretive inferences just mentioned are supported. The optimal relationship is half as many details as wholes when giving human and animal concepts.

Animal object—AObj

These responses may be considered in the total A productivity. They do not clarify the interests of the subject but seem to render more vague the determination of his proclivities. $AObj$ contents are found most frequently in plates IV, VI, and VII. It is not usual to find more than two such responses in a record. A protocol with more than two $AObj$ percepts, i.e., fur rug, hearthrug, A skin, reflects an inordinate amount of dependency and/or sensuality if the differences in shading tones (c) determine the concept.

Anatomy—At

Anatomy concepts lend themselves to easy and superficial interpretation: bodily concern, hypochondriasis, and as a manifestation of a psychophysiological involvement (somatized or conversion reaction). This may be valid in some cases but the evidence is not yet conclusive. Beck et al. (91, p. 270) report a mean of 1.55 At responses for the Spiegel Sample. The S. D. is 1.97, indicating a wide variation in the incidence of At. Rav (804) has made a study of the anatomy responses in the Rorschach Test with some interesting results. The conclusion is: *"Anatomy responses do not indicate hypochondriasis nor intelligence-complex nor sexual fantasies. At. is a result of restriction and is formed with a minimum of intellectual strain. This restriction might be in the ability sphere—feeble-mindedness, or in the affective sphere—anxiety"* (p. 442). Her study population averaged 1.62 At percepts. Ordinary expectancy for At is between 1 and 2 per subject. An At response is popular in card VIII, and the "pelvic" response in plate I is not quite popular but close to it in frequency. Rav found that plates VIII, III, I, and II accounted for 67.3 per cent of the 275 responses in her sample. This raises the question: When should At responses be considered a morbid sign? The answer is complex: (1) when At total goes beyond normal expectancy of two per protocol; (2) when a stereotyped At percept appears in several plates, usually with poor form; (3) when the At response represents a means of evasion, an intellectual "stalling" device to permit the subject to gather his wits and to organize an acceptable concept; (4) When an At response is determined by minus form accuracy, reflecting the disturbing component of perceptive experience; and (5) when the At concept is preceded or followed by an unusual response or mode of experiencing, viz., delayed reaction time, break in the sequence, poor level and/or oddity of conceptualization (F—, C/F, CF—). In this context the At response is a manifestation of insecurity and threat eventuating in lowered intellectual efficiency. In the mentally retarded the overproduction of anatomy may be related to limited ability and to the ease with which these percepts are organized. Piotrowski (748, p. 79) seems to be in agreement with Rav: "A high anatomy per cent points to marked feelings of intellectual inferiority, regardless of the subject's intellectual

level. *This is true even of persons who deal with anatomy professionally*" (author's italics).

In general At suggests intellectual inadequacy stemming from limited ability as a response to anxiety. However, if At percentage is high, particularly if perseverated to the extent of 15 per cent or more of the total contents, the tester should regard the possibility of an attitude of concern over body parts as a channel for emotional expression. There is reason to assume a relationship between At pre-occupation and defensiveness against anxiety.

X-ray and relief map

It will be recalled that these responses are perceived by projecting a two-planar dimension (spatial) onto the ink blot. The subject is attempting to objectify by giving a frame of reference and limits to his anxiety by reducing the vagueness of intangible distress (see Chapter 6). X-ray responses disclose the experience of anxiety. Closely tied to this, in terms of the experiential dynamics, is the topographical map percept which also employs the differences in achromatic and chromatic shading. In the chromatic plates anxiety is more prominent when the testee either denies color or avoids its use in formulating the shaded response. Feelings of insecurity are so pervasive that they interfere with the subject's ability to respond to his external world with healthy emotionality. In this content category (and the cloud and vista responses discussed below) the experience of ambivalence and unattached anxiety limits the richness of association of ideas in which the subject may indulge himself. The result is banal, evasive, and intellectually inferior productivity.

Clouds—C1

This response mirrors unattached, vague, free-floating anxiety. A cloud percept in plate VII is not unusual and therefore contributes less to an interpretation of disabling unattached anxiety than a similar percept in other cards. In this concept the testee is extending his experience of intangible insecurity and unreasoning restlessness into the nebulousness of an unstructured and "unholdable" interpretation—cloud. More than one such response is uncommon. The protocol of an adjusted person may show a C1 response in plate VII. As such it generally reflects the usual anxiety attendant upon any test-

ing situation It assumes significant proportions if given more often in the other cards.

Vista

The introduction of perspective, or distance, into a percept suggests the testee's need to stand off in an attempt to analyze his experience of anxiety more objectively. This rationale, of a more objective and more impersonal approach, reflects the testee's efforts to cope with these feelings. The absence of FK-determined concepts does not invariably infer a pathologic handling of anxiety and/or lack of insight (see Chapter 6). Unwholesome inwardly channelized thinking (autistic) may be seen in the presence of three or more vista responses.

Blood—Bl

This is a pathological response. It points to an uncontrollable and poorly assimilated use of the color value of the ink blot stimulus and is an indication of the extent to which the subject is disturbed by emotion-provoking forces in the social milieu. Almost invariably it is a pure color concept with the affective and immature behavioral implications of this type of experience. Usual expectancy is none; one or more blood responses are increasingly unhealthy. Some subjects mask the full impact by qualifying the Bl engram as "menstruation" or "dried blood." The former reveals the sexual concern of the testee while the latter mirrors the subject's attempt to "bind" his anxiety. "Blood dripping," "blood splashing," on the other hand, disclose the violent nature of the patient's reaction to disturbing associations. Essentially the affective state has resolved itself into a tension system that is coming to the level of awareness, much to the patient's increasing acute distress.

Object—Obj

There does not seem to be a generalized approach to the symbolism of this category. The bed post in plate VI, the pillow in card VIII, or the airplane in the first plate do not seem to be topically significant. Again, a totem pole concept in plate VI may be an acceptable symbol suggesting the socially refined manner of dealing

with sex concepts. For the analytically oriented this is an accepted truism. It has been suggested (Lindner) that the Obj category is the refuge of those who wish to remain noncommittal, the so-called psychopath.

Architecture—Arch

Percepts of this nature are uncommon. When given it may be in response to the upper detail (D4) of plate II—a castle, and the minaret or spire in plate VII (D8). Religiosity is suggested by the “church” percept or some part of a place for worship.

Design—Des

This category may include artistic productions, insignia, and references to numbers and letters. The latter are not usually the product of normal perception. Distanciation from reality interpretation results in ascribing number and letter forms to portions of the blot. “Dot” responses are described for the many specks in plate I. Since these are minute (Dd) details they are experienced by the meticulous, compulsive testee who is manifesting his need to encompass as much of the blot as possible. The mentally retarded may point to these articulated spots to satisfy his need to achieve in compliance with the tester’s directions. The elated patient finds delight in distorting these minutiae and ascribing to them far-fetched meanings.

Symmetry responses may be included in this category. The pedantic person who is concerned with the necessity to see all will usually describe to the tester the symmetrical or asymmetrical features of the plates. When this remark comes first in a card it suggests a device to gain time, i.e., the subject is being cautious and prefers to enter the situation after he has gained some semblance of its fuller appreciation. This approach to a complex and unfamiliar problem is healthy and acts as a deterrent on impulsivity. When it occurs late in a given card it may emphasize the compulsive component in the personality, to make certain that all possible aspects of the situation have been noted and utilized.

Nature, Geography, Plant—N, Geo, Pl

The frequency of these percepts varies. Their significance lies in the determinants of each response. Form, color, shading, and achro-

matic hues, singly and in combination, reflect the subject's mode of experiencing and organizing the ink blot stimuli. Content interpretation in this category is usually of much less significance than the real carriers of portent—the determinants. Unless there is overemphasis, and therefore pervasive preoccupation, the one or two percepts of this class occurring in a protocol do not have unusual topical meanings *per se*.

Fire, Explosion

The pathologic nature of this specific percept lies in the lack of emotional control implied in the violent experience of the red areas of the ink blots. This is an excellent channel for expressing aggressive feelings and "world destruction" fantasies. These are not healthy percepts both from the point of view of determinants and personal meaning.

Mask

The dynamic meaning of this response is ascribed to a need to hide, to present a façade to the world. This involves the ability, real or desired, to beguile. Deliberate deceit may or may not be involved. It occurs most often in response to the first plate, and less frequently a mask is seen in the center portion of plate IX. When given in other plates this need is more strongly suggested, especially if it precedes or follows a disturbing response.⁵

Clothing—Clo

This may disclose the pressure for conformity with the demands of society. Elaborate descriptions of clothing point to the testee's emphasis on social living, extraversive and perhaps exhibitionistic trends.

In plate III the absence of clothing, i.e., describing the human figures as lacking in clothing, suggests a mode of handling sexual attitudes less encumbered by social restraint. This does not mean that the subject is actually less inhibited behaviorally, he may be so,

⁵ In plate VII, with the card reversed, the testee may see the center dark detail (D6) as a "vagina" and immediately follow with, "This (D4) reminds me of a mask, but there are no holes for the eyes. It might be a sleeping mask to cover the eyes." The implications are somewhat clear!

but it may reflect the subject's attitude on an ideational level only. The question of "would do or should do" is best answered by life history.

Sex

Shaw (935) and Pascal et al. (730) have investigated the problem of sex productivity in the Rorschach. Both generally agree with regard to the ink blot areas which elicit sex-related percepts. With slight differences each study presents a total of male and female genital responses. These percepts emerged either under testing the limits pressure (Pascal) or in an experimental situation "with a given mental set for producing sex-content responses" (935, p. 466).⁶ These two studies disclose that subjects are able to give sex percepts when directed to do so.⁷ In the main or free association stage the usual expectancy for sex content is less than one per record (91, p. 271). This is Beck's rationale: "The mean for sex content in the normal (Spiegel) sample turned out very low, 0.03. The actual number of overt sexual associations among the 157 individuals was 4. This need occasion no surprise. The censor is operating. This is no doubt an established habit in a normal population sample on the topic of sex. The significance of this low figure will be more apparent when the statistics for neurotic and schizophrenic groups are established."⁸

The value of the sex response is solely for diagnostic classification. Rather the interpreter should look for the manner in which the testee handles these ideas. Predominance of sex-tinged percepts is interpretively similar to the overemphasis of any other content category. If normal expectancy is one or less per record, then two or more suggest an undue preoccupation with such thoughts. Crude and vulgar expressions reflect the grossness of sexual ideation; disguised or more restrained sex references indicate a more mature and

⁶ Actually this is a form of testing the limits but outside of the standard Rorschach administration context.

⁷ Pascal et al. (730) do not feel that this procedure is in any way disturbing to the subject. Allen (26, p. 102) urges caution.

⁸ Some of the statistics have been published. Pascal and his coworkers (730, p. 287) write: "The difference between means for male and female subjects is not statistically significant. The differences between diagnostic groups [neurotics and psychotics] was also found to be not statistically significant."

socially acceptable way of handling sex attitudes. It should not be assumed that the presence of sexual ideas is *a priori* evidence of pathologic thinking or activity. The contextual determinants and the level of form accuracy enter into the evaluation of the wholesomeness of these engrams.

POPULAR RESPONSES—P

The extent to which the testee can relate his perceptions to those of his group reveals his sameness to group experience. In other words, social conformity, compliance with socially established thinking, and the acceptance of this code of reality living, are reflected in the popular responses given to the ink blot stimuli (26, pp. 75-77).

A normal protocol, indicating ability to accept the expectancies of the social milieu, should have between 20 and 30 per cent P concepts. This applies to a record of 30 to 60 associations. (As an absolute number, in records below 25 responses there should be at least 4 P's. In excess of 60 responses the percentage does not hold.) More than 30 per cent P engrams points to a prosaic outlook from which may be inferred an inability or lack of desire to stray from the beaten path. The higher the P percentage the more "clichéish," banal, and socially stereotyped the person's thinking. The individual is too steeped in sterile reality at the expense of flexibility and creativity of thought and perhaps action.

An underproduction of popular concepts may point either to originality with or without minimal social conformity, or to a pathologic disregard for society's demands. The latter may be characteristic of the protocol produced by the mentally retarded, the markedly anxious individual, or the psychotic who is tenuously tied to reality. The oligophrenic is unable to handle the ink blots acceptably due to limited experiences, while the anxious person is so ego-involved that he either rejects his need to conform or deliberately chooses to minimize involvement with his social world.

If the popular concepts are forthcoming in the inquiry or limits-testing phases, it would seem as though the testee is either above banality and has to be prodded into typical perception, or familiarity with situations results in the expected responses to stimuli. The greater the pressure necessary to elicit the popular concepts (26, pp.

99-102) the less stereotyped is the individual. This does not necessarily imply that the subject is not in touch with reality; it may disclose the nonconformity of the extremely intelligent person who approaches "average" behavior expectancy only when it is called to his attention as in testing the limits. On the other hand, it may reveal the extent to which the subject has to be prodded in order to bring him into contact with the real world, as in the extremely anxious and psychotic person.

ORIGINAL RESPONSES—O

These concepts are the product of high intellectual ability, or the bizarre interpretations of the psychotic, or the distorted productions of the retarded and encephalopathic patient. In the record of the well-adjusted individual the original responses are characterized by accurate form (F+). In the disturbed, retarded, and brain-damaged patient the original concepts are poorly formed (F—) and are usually located in the Dr and Dd areas of the blots. In all instances O responses reveal an ability to deviate from the usual pattern of experiencing and behaving. O's produced only in the inquiry or limits-testing stages may be related to the subject's lack of confidence in his own ability and therefore needs the assurance of familiarity and permissiveness to produce creatively that characterizes the later phases of the Rorschach testing situation.

CRITIQUE

This chapter must certainly pose the issues of the validity and reliability of content usage in the interpretation of the record. Wittenborn's (1092) factorial approach appears to be as arbitrary as that of the extremely orthodox psychoanalytically inclined symbolist. Whereas Wittenborn seeks to achieve homogeneity and label it consistency, the symbolist utterly disregards the phenomenon of homogeneity and focuses on the individual, seemingly *in vacuo*. A point of view discussed by Hsu (437) may help the beginner: "On the other hand (in contrast with factor analysis), there is a school of thought which represents the extreme psychologists and analytical therapists who refuse to take seriously the face value of a person's

responses to a Rorschach plate, but insist on discovering its symbolic significance. According to this type of thinking, not only is one individual different from another but the same individual on one occasion is also different in himself from another occasion. The symbolic meaning of each response of an individual can be evaluated only according to that individual's past personal experiences and emotional background, and his experiences alone." Hsu prefers to equate the end product of numeration processes with (sterile) consistency while overlooking a basic tenet in personality theory, viz., that an individual's behavior will be consistent in terms of his own needs, tensions, and aspirations. Certainly the *verbal* symbols may differ from time to time.

The issues of validity and reliability, in personality evaluation, will have to seek for new modes of expression and solution in terms of behavior dynamics and concepts rather than the sameness of verbal reports and the face value of responses. When the sole aim in personality testing is to establish quantitative norms it becomes necessary to minimize the interrelationships among the discrete elements. There is no quarrel with quantification *per se* but it must be recognized that the datum of the Rorschach investigation does not readily lend itself to measurement as does the length of a table or a pound of meat.

How shall the examiner know? By asking the subject rather than relying on unproved generalizations. Beck (89, pp. 64-65) agrees with this rationale and relies on the clinical acumen of the experienced observer. He concludes: ". . . in all instances I look on the theme as lead, not finding. It is an arrow directing the investigator or therapist to a personality area which he is to explore directly in the patient."

Chapter 10

THE CARDS AND THEIR MEANINGS

There seems to be agreement among Rorschach workers that the structure, achromatic, and chromatic hues and tones of the ink blots usually elicit many similar associations from subjects. This is demonstrated in the unique significance given to the popular responses discussed in the previous chapter. In addition to these commonly identified engrams it is recognized that each blot engenders some characteristic ideas and feelings as the testee reacts to it. These associations (of the subject's reactions to the blots as a whole) are over and above such definite responses as "bat" to plates I and V, "animal skin" to plates IV and VI; more specifically these are expressed as "a kind of feeling" or "train of ideas" aroused by the total blot upon exposure to it, viz., plate IV may represent an "authoritative figure" because of the looming quality of the blot.

Several studies report findings in regard to this aspect of the Rorschach Ink Blots. Sanderson (883) asked his subjects "to give each card a title" after the standard administration, inquiry, and testing the limits. He utilized this technique as an extension of the limits-testing phase with this rationale: "The shift in content is particularly interesting in those cases where the subject shows visible discomfort and anxiety during association, but still comes out with relatively innocuous responses, only to reveal the true meaning of the blot when requested to give it a label" (883, p. 28). This new task imposes on the testee an integrative assignment which calls for a review of the plate in terms of its total effect upon him rather than as a series of impressions or engrams. Rejection of the instructions to label a particular card, despite concepts given in the free association stage, may indicate that the subject can deal with parts of problems so long as he can avoid the ego-threatening aspects of the

total situation. The advantage of the "label technique" is illustrated by Sanderson (883, p. 28): "A case in point is a young man who after struggling with card IV for some time produced such associations as 'insect crawling out' and 'line in the middle,' only to reveal his feeling toward the paternal image by labeling the entire card as 'Monster.' "

In a footnote Sanderson supports his reference to the "paternal image" with this statement: "According to some Rorschachers card IV brings forth associations that are psychologically connected with one's relationships and attitudes toward the father image" (883, p. 28, footnote 1). Halpern (335) and Bochner and Halpern (126, p. 81) agree that, "The heavy male figure may suggest the father or authority in general. . . ." The evidence for this general interpretation is clinical rather than experimental. However, Meer and Singer (655) and Rosen (845) have tested statements such as this with some interesting results. Meer and Singer investigated Bochner and Halpern's contention that plate IV represents the "father or authority figure" and that plate VII is identified by subjects as having "a feminine quality frequently with maternal implications" or the "mother" card. Fifty male college students were administered the standard Rorschach with additional instructions to designate a "Mother card and a Father card." Plate IV was identified as the "Father card" at the .01 level of confidence. Plates VII and X shared election as the "Mother card" both at the .05 level of confidence. Cards IV and VII were also regarded as the "best liked" cards by those students who chose these two as the "father" and "mother" cards. Rosen studied the symbolic meanings in the Rorschach plates "by a questionnaire which asked the subjects to choose, from among the ten Rorschach cards, that card which most nearly brought to mind the feeling or association of a male sex organ, masculine aggression, authority, father symbol, mother symbol, and family symbol, respectively" (845, p. 239). Card IV was overwhelmingly associated with "masculine aggression" and "feeling of authority" while plate VII showed up clearly as the "mother symbol."

These few attempts to obtain controlled experimental evidence of the reactions of subjects to the Rorschach plates seem to support the findings in extensive clinical observations reported by those who have worked with this technique, have compiled responses and re-

lated feelings in psychological reports and at staff conferences. It is true that this compilation has been somewhat unorganized, that the reports have been passed on as information admittedly without experimental validity, yet this *clinical* evidence is being increasingly accepted by clinical psychologists and utilized in personality evaluation.

Three reports of the reactions and feelings of subjects to the ten plates have been detailed by Bochner and Halpern (126,), Klopfer (552), and Halpern (335). The first two refer to adult interpretations while the third is concerned mostly with the associations of children. The following compilation is representative of the observations of the author and other Rorschach workers.¹ Beck's area numbers are used throughout.

CARD I

To the naïve subject this represents an entirely new situation and therefore serves as an excellent indication of the effect of novel problems on the subject—especially when there are no familiar clues to serve as guides. Thus, the testee is literally thrown on his own resources for seeking out untried methods of problem solving in order to comply with the instructions. The degree of organization and the alacrity with which this takes place in this circumstance will be reflected in the first concept and the reaction time. The possibilities are many but these four loom largest: (1) an immediate good response; (2) an immediate poor response; (3) a delayed good response; and (4) a delayed poor response. The inferences respectively are: (1) A healthy constructive approach to new problems and confidences in one's own ability to cope with novel complexities.

¹ At this point the mixture of logic and psychologic must certainly be at odds with the precise thinking of the experimentalist. Unfortunately quantitative techniques and scientific constructs have not kept pace with developments in the understanding of behavior dynamics. This is no plea for discarding the scientific method. But it does seem necessary at this time to call to the attention of the rigid experimentalist that the whole issue of scientific methodology should be opened for rediscussion. In the context of dealing with the problems of people the traditional approaches are not quite satisfactory. It is time to examine new and more flexible attitudes toward gathering behavioral data and drawing inferences therefrom (see Critique, Chapter 9). In sum, the seemingly uncontrolled method of clinical observation appears to be in conflict with the rigorous demands of the scientific method. Is this actually the case?

(2) This characterizes the impulsive doer, there is a need to comply as quickly as possible regardless of the quality of compliance. The motive may be quality ambition. The same performance may be given by the intellectually inferior person who believes his production to be good. (3) The ability to demur may reflect either the thinker, the person who prefers to examine a situation before plunging into it, or one who is habitually slow in responding (look for over-all slow average reaction time), or the person whose receptive and/or expressive processes are being interfered with by emotional and/or intellectual factors. (4) This would be the mode of responding usually seen in the markedly disturbed and maldeficient testee. Bell (96, p. 119) ascribes rejection of plate I to "difficulty in adjustment to the test situation; possibly shading shock." This refers to the subject's reactivity to the dark-light properties of the ink blot which, in the case of the neurotically disturbed, results in one or a combination of shading shock responses.²

The following ideas occurred to Rosèn's subjects upon exposure to card I: "Night time. . . . Masculine aggression. . . . Feeling of Authority and Family symbol" (845, pp. 241-242).³ In other words, these ideas categorize feeling tones transcendental to the individual percepts reported by the subject. Whether or not the in-

² The literature reports many indices of inefficiency accompanying the experience of the disturbing components of the ink blot—color and shading. These reactions are somewhat identical for both color and shading stimuli. The following are abstracted from a study by Allen, Manne, and Stiff (30, p. 237): "1. Exclamations. . . . 6. Decline in F +. . . . 7. Decline in W. . . . 9. Decreased popular responses. . . . 10. Long reaction-time. . . . 11. Very short reaction time. . . . 12. Impoverished content. . . ." The student should reread the opening paragraph to Chapter 8 and the journal articles referred to therein.

³ Klopfer (552) offers many aids for a sequential analysis of the Rorschach protocol based on: "a. The reaction time to each card. b. The variation and succession of form levels within a card. c. The content succession within a card. d. The color dynamics. e. The shading dynamics. f. The use of areas symbolic of sex. g. The intercard sequence in terms of formal and content categories. h. The handling of popular responses." The beginner is urged to read Klopfer's analysis of the plates. This technique should be used only after extensive experience with the more formal method of protocol interpretation based on the evaluation of the Location, Determinant, Content, and computational data. There is the danger of depending too much on easier so-called common sense and symbolism than on the more difficult grasp of the test elements and their interrelationships. Sequential analysis should be used to *supplement* rather than supplant the more formal evaluation of the personality as revealed in the scoring and their respective ratios.

terpreter is justified in making use of these too-inclusive higher-order abstractions depends on the set of concepts which he brings with him into the clinical situation.⁴ At least these are suggestive of attitudes that may require further probing by the therapist or social worker.

In the middle third of this blot (D4) there is the popular H concept which has some interesting speculative possibilities. The subject's self-percept, or a facet of his attitudes regarding himself in a world of people, may be revealed in the nature of the human identification he makes. If the human figure is accompanied by kinesthetic tension or movement the likelihood of his response bearing a direct self-reference is increased (335). Self-devaluation may be reflected in a disparaging description of the figure. Feelings for dependency are experienced in the human as a suppliant. The role in life, as conceived by the subject, will usually be manifested in the response to this area of the ink blot.

CARD II

Rosen (845, p. 241) finds that this card engenders associations of "human beings" (a popular response), "animals" (also P), and "emotional security." The closest to a rationale proposed by Rosen is this: "Emotional security, on the other hand, was associated with cards II and VII. *It is not clear what stimulus aspects of these cards motivated the choices*" (author's italics). In regard to card II this reaction may be explained by the initial impact of the red area, its arousal of sexual ideation due to its position and form, and the attendant conflict that affects emotional security.⁵ Bell (96, p. 119) attributes

⁴ The author wishes to make it patently clear that this material, if used unwisely, will strengthen the attitude held by many regarding the cultish flavor of the Rorschach specifically and the projective method generally.

⁵ This is the core of the explanation given by several writers. Bochner and Halpern (126, pp. 79-80) state: "The bright, splashy red incorporates an emotionally charged situation, pleasant or unpleasant, as the case may be. To most persons it represents danger, excitement, sex. . . . For some people, this card has particularly strong sexual implications. The white space surrounded by the black suggests the female genitalia. To some, e.g., homosexuals, this constitutes a sexual problem. To others, this female symbol relates to the mother, and the situation thus pivots about this relationship." In her recent book, Halpern (335) strongly supports her earlier position now fortified by years of clinical observations. Klopfer (552) avers: "There are areas in this card often associated with sexual material. . . ."

rejection of this plate to "initial color shock." Experimental evidence (30) postulates an alternate consideration, viz., that the color *plus* the structure (form) of the blot leading to these initially unacceptable ideas may be responsible for any deviation in responsiveness.

Card II, then, gives some insight into the subject's reaction to particularly disturbing stimuli based on the unique combination of color and form so distributed as to engender, in the sexually conflicted individual, overt manifestations of concern. The plate is highly charged for both male and female sexuality (D4, Ds5, and Dd24) so that the person who is sensitive to this type of conflict would give some sign or signs (see footnote 2) of this feeling.

The presence of the popular engrams—human and animals—discloses the extent of reality contact, conformity, and divulges the measure of recoverability available to an emotionally disturbed subject. The omission of the H concept in the free association stage implies an interference with the testee's ability to make proper interpersonal ties. This impairment is also a function of how healthy or derogated the H concept may be. If the P responses are forthcoming in the Inquiry the inference may be made that the testee can recover from an initial upset and function acceptably in a more permissive and familiar atmosphere.

CARD III

Human identification is easily made in this plate since it is an extremely popular reaction. All of Rosen's subjects associated "human being" in this card at the .0001 level of confidence. The absence of a human association is more pathological in this plate than in card II. Such exclusion emphasizes the subject's reluctance and/or inability to accept the implications of interpersonal identifications and relationships. The nature of the response to the usual H area, D1, will reveal the testee's attitude toward himself and/or others in his world. The use of, and the nature of, movement in connection with the human figure is also significant of self-perception.

This plate, according to Rorschach authorities, will reveal the extent to which an individual does recover from the disturbance en-

gendered in plate II (if such did occur), or the degree to which the increasing conflict (inherent in the subject's continued experience of and reaction to the human figure and/or the red color) will eventuate in unwholesome responsiveness which is characteristic of his mode of adjustment under such circumstances. Another important consideration is the fact that the subject should be urged to identify the sex of the two figures.⁶ In card II the significance of the sex identity is not as important as in card III. In the former, sexual confusion is readily covered up by emphasizing the lack of decisive body-structure cues. The subject may point to the clothing worn by the figures and easily justify male "clowns wearing baggy and colored costumes," or female figures such as "witches" because of the same ill-fitting colored costumes. In card III this rationalization cannot be advanced and the subject should be required to establish the sex of the human figures on the basis of definite clues to such identification as are seen in the structure of the ink blot. Thus, the process by which the sex of the figure is established may disclose the presence, and perhaps the nature, of a sexual conflict. Lindner (604) joins Klopfer (552) in attributing to this plate a means of ascertaining sexual attitudes: "Card III—Homosexuals of either sex show confusion in assigning sex to the forms, being troubled by protuberances in the 'chest' region" (604, p. 123). Klopfer (552, p. 7) writes: "Attribution of both male and female characteristics to the figures is, of course, an indicator of confusion regarding sex within the subject himself."⁷

CARD IV

Meer and Singer (655, p. 482), and Rosen (845, pp. 241-242) support the clinical observation that this plate elicits associations of "Father symbol," "Male sex organ," "Masculine aggression," and "Feeling of authority." Bochner and Halpern (126, p. 81) believe that, "The heavy male figures may suggest the father or authority in general; this may be pleasant or unpleasant." Beck (83, p. 198) stresses that the perception of this blot as a "gorilla is popular. . . .

⁶ The technique for this may be found in Allen's manual (26).

⁷ The author urges using extreme caution and supportive evidence before attaching labels to subjects.

A human form in itself . . . giant, is not P." It would appear from these reports that there is wide recognition of the threatening aspect of this blot particularly if the concept employs the shading tones, usual anxiety indicators. The tester should look for shading shock signs (footnote 2) as tokens of the extent to which the subject is reacting emotionally to the "father" or "authoritative" associations elicited by this plate. Poor performance as manifested by F—, change in sequence, resorting to Dd or Dr in place of a healthy W, etc., do suggest to the interpreter that the testee's attitude in regard to that which the father figure symbolizes (both toward the subject himself and/or toward significant persons in his environment) is in need of further scrutiny. In sum, the chief contribution of this plate for sequential analysis is to make accessible the individual's attitude, reaction, and adjustment to authority, the father figure.

CARD V

This is a buffer experience. The ink blot is simplest to organize as a W (798, pp. 119, 132) and usually relieves tensions that have been accruing in the previous cards. This experimentally and clinically validated finding imposes serious implications on the rejection of this plate or the inability to report the extremely popular A response. The compact achromatic hue may play a role in its rejection or inferiority of productivity. Bell, and Bochner and Halpern agree on the potential effects of dark or "black shock" for the disturbed patient. Klopfer (552, p. 8) calls attention to another possible reaction to area D10: "An opportunity for the expression of aggression is also given by various animal responses, as the crocodile heads at the sides of the cards." Clinical observation by the author poses the feasibility of considering castration ideas in the subject's use of area D9 as pliers, scissors, or any other instrument that can mutilate by squeezing the "handles" together.

CARD VI

This plate is highly charged for male and female sexuality. Neither of these are popular responses. Probably it is well to recall Beck's admonition to the effect that sex concepts are not ordinarily

voiced in our culture. Rosen's men and women students (845, pp. 241-242) associated this card with "Male sex organ," and "Female sex organ" while only the men characterized this plate as "Feeling of authority" and "Father symbol." The latter two associated ideas were not as prevalent as the sexual connotations. Meer and Singer (655) did not find significant "Mother" and "Father" associations with this card. Bell (96, p. 119) attributes rejection of this plate to "sexual shock or texture shock."

CARD VII

Two ideas seem to predominate when subjects are questioned in regard to their immediate reaction to this plate: (1) "Mother" card, "Mother symbol" and (2) "Clouds," "Emotional security," and "Emotional insecurity" (845, p. 241). This is an interesting combination of associations. While there may be an escape from the accumulation of "dark" or "black" shock, the disturbed anxious person finds other sources for arousing his concern. There are in the strongly suggestive sexual connotation inherent in the blot at D6 or in D10, in the "light . . . color and vague . . . form . . . an intangibility that gives the subject a baffled feeling of not being able to take hold" (126, p. 82), and in the popular female concept elicited by the upper third or two-thirds of the blot at D1 or D2. A feeling of anxiety may be engendered by any one or combination of these three loaded components of the blot.

The "Emotional security" and "Emotional insecurity" reported by Rosen's subjects may be related to female sexuality, the "mother" association, and the attendant or subsequent anxiety. The "Cloud" response is not unusual for this plate so that an inference of anxiety is somewhat mollified. However, if these responses are accompanied by signs of discomfort and/or decrease in the quality of responsiveness the disturbing interaction of the suggested ideas (mother, sexuality, anxiety thoughts and feelings) assumes a more seriously adverse meaning.

CARD VIII

Definite ideational association does not seem to be a factor in this plate for adults. Halpern (335) assigns it a more significant role for

young children because of the popular animal response and the nature of movement involved. Its most prominent feature lies in the possible impact of the colors on the perceiver. It is not a difficult card and even the disturbed person should be able to use the well-articulated details to organize a response. The animals of D1 are the second most popular concept in the ten plates. Therefore, failure to elicit this in the main stage or to accept it in testing the limits points to a seriously disturbed and impaired efficiency in the face of an emotion-provoking train of ideas. Most Rorschach workers ascribe this to the engrams engendered by the multicolored areas which the subject is unable to handle adequately. Rejection of this card, coming as it does after four achromatic plates, is attributed to color disturbance. The nature of the determinants of the responses will disclose the extent to which the subject is able to cope with his emotional experiences in an interpersonal relationship. Flights into reality produce poorly assimilated and organized color-determined concepts. Rejection of this plate or the use of form alone unfolds the degree of personal involvement with others that the testee is desirous and/or capable of making. The sequential purpose of this plate is to ascertain how the testee adjusts to an abrupt change in visual stimulation, from achromatic to chromatic with its implications for the affective reactivity of the person.

CARD IX

This is a difficult card to handle since the color-form combination does not lend itself to ready organization. Rejection of this plate is not uncommon among normal persons. Allen (22) has devised a method of differentiating, to some degree, between the delaying affect of the color and the intellectual difficulty of organizing the whole or details into an acceptable percept. That this should occur in view of the ease with which this plate is articulated into three distinct areas (orange, green, and pink) is quite interesting. The orange area, D3, the small pink detail between the D10 areas, and the accumulation of color impact on the subject contribute to the difficulty in dealing with this plate. The orange D3 presents an excellent opportunity for the arousal of derogated human associations

in the subject who finds making interpersonal ties troublesome. The pink area between both D10's is a sex popular which may stir up topical implications regarding the acceptability of such ideas. These two ideas occurring either separately or together account for the distress subjects experience in responding to this plate.

CARD X

Lindner reports that, "This card is surprisingly sterile for content analysis" (604, p. 128). Meer and Singer's study group labeled this plate as one of the two "mother" cards while Rosen's subjects associated ideas of "Emotional security" and "Family symbol" with it. This feeling and conception revolve around the large pink areas, D9, which afford the perceiver an opportunity to identify himself as a child with its concomitant feelings of emotional dependence and reactions thereto. The ease with which details are organized decreases the subject's anxiety in complying with the tester's instructions, hence the feeling of emotional security. The rejection of this plate is serious because its structure invites responsiveness. The accumulation of color discomfort may manifest itself in decreased efficiency of production (see footnote 2) or, if the subject does have the capacity for demurring, he may recover sufficiently to perform more effectively. The latter, of course, is a favorable sign. Finally, this plate is so scattered it requires a high level of intellectual ability to produce a good W. Therefore, a W elicited by this ink blot discloses the effectiveness with which the testee can organize his experiences constructively and wholesomely. A poor W concept may mirror a quality drive or ambition to produce on a high level despite limited ability to do so. This is suggestive of a compulsive and rigid adherence to the self-percept.

SUMMARY

This completes the analysis of the test plates. The suggestions given for each card should serve only as clues to be used *after* evaluating Location-Determinants-Content data. Sequential analysis should *not* replace formal analysis but should serve only as a final

over-all review of the subject's conceptualizations and recourse to mechanisms for adjusting. Personality evaluation, based on clinical observation, has outstripped the rigid constructs of the more formal requirements of the experimental method. Is the one less scientific than the other in view of the subject matter?

Chapter 11

INTERPRETATION OF COMPUTATIONAL DATA

A STATEMENT OF AN ISSUE

The issue is clear: to objectify and standardize or not to objectify and standardize. The solution is complex but must begin with definition of terms. Objectivity is that attribute of a good test which minimizes the personal error by decreasing the variations in grading (or scoring, in the Rorschach Ink Blot Test) and reducing the effects of the examiner's bias. Furthermore, a desirable test is standardized to reduce the error of interpretation by providing generally applicable norms. In paper and pencil (psychometric) tests these two characteristics join with validity and reliability to earmark a useful instrument designed to measure some personality dimensions(s). These four qualities of an acceptable test contribute constructively to that task. The problem is much more complex in projective testing. The degree of structure of the stimulus, the qualitative responses, the conceptual background of the tester, and the unmeasurableness of the social interaction between the testee and tester render more difficult the goal of maximizing validity, reliability, objectivity, and standardization of an instrument such as the ink blot test.

Mensh (659, p. 766) cites Munroe's plea for the use of scores in combination rather than each one in isolation because of the dangers inherent in the "sign" approach (i.e., separate scores) to labeling subjects. This is deceptive standardization. Hamlin and Kogan (337) attempt to cope with the problem of objectivity and standardization of the Rorschach interpretive process. They write: "Eventually it may be possible to say of a Rorschach record: 'This Ror-

schach shows one degree of Type A perseveration, presence of Type C color shock, three degrees of organizational ability. . . . This kind of objectivity suggests interesting possibilities" (p. 181). Mensh (659) is of the opinion that, "Despite the lack of agreement among investigators, it is significant in the current emphasis of the clinical psychologist that he is more and more concerned with rigorous examination of his techniques and of his methods for treating the data furnished by the diagnostic devices." He looks hopefully for a more complete marriage of the group-centered and individual-centered approach to the handling of Rorschach data. Schneider (919, p. 493), writing about Rorschach validation, cautions: "However, it is also agreed that results are highly dependent upon the skill of the interpreter. This is due to the fact that the relationships between the data yielded by the test and personality variables *have not been clearly ascertained and stated* [author's italics]. Consequently the user of the method must rely upon a body of guesses as to the relationships involved. . . ." He deplores validation which "rests on unquantified clinical observations" even though he recognizes the value of such experience. Beck (90), in an analysis of the problem of Rorschach standardization and validation, offers this criticism of past attempts to validate this instrument (pp. 604-605): ". . . the observations they [Rorschach users] manipulate fail to respect any operational criterion. The ultimate value of any statistical findings, and the conclusions reached from them, can be no better than the operational value of the observations noted therein." He believes that the "final score" on the value of the Rorschach Test is "not yet in." Here the reader may see the two opposed points of view extant in regard to the use to be made of ink blot test data. The way out of this dilemma seems to be Ross' emphasis on personality description rather than attaching diagnostic labels. "Accurate descriptions of human behavior," Beck writes, "report significant behavior. To the trained mind, significant overt behavior, whether manifest in the usual methods by which people express themselves or in the language of a test, speaks of psychodynamics within. Given a description of the personality in terms of behavior, it is not necessary to worry about diagnostic labels" (90, p. 610).

Discussions of validity and reliability are *not* purely academic. For the clinical psychologist, however, the price of waiting for all

the final answers to be in is much too high in view of the urgency of the needs extant today. The psychologist is a rigorous scientist, but he is also directly involved in the problems of people. There is justification for considering clinical observations useful data for the descriptive foundations of interpretation to be incorporated into the framework of experimentally validated information appearing in the professional literature. The proponent of the projective method appreciates these important issues and must assimilate tested hypotheses into his system of clinically conceived rationale regarding the Rorschach variables. Are the vital problems of validity and reliability being avoided by the clinician? Should the Rorschach worker be satisfied with an "it works" philosophy for continued use of this device? In answer to the first question—validity and reliability—the evidence is contradictory (27, 29, 90). The weight of probability favors the continued use of the Rorschach Test so long as the definitions of validity and reliability are acceptable from the point of view of the clinical observer and investigator. At no time have clinical psychologists sought to evade these important considerations. The differences of opinion revolve around the semantics of the scientific method rather than the usefulness of the Rorschach Test. The second question is actually an interrogative statement of a fact amply supported by clinical evidence (90, 104, 149, 686, 919).

SECTION A: TOTAL PRODUCTIVITY

Number of responses—R

The alertness of the testee is seen in the total responsiveness of the subject to the ten plates. The number of responses in the free association stage is inversely related to receptive and expressive restraint. Since the interpreter must be sensitive to extremes that indicate an impairment of adequate responsiveness to stimulation, the normal R expectancy limits are given prime consideration. Beck's Spiegel Sample (91) averaged 32 responses per record. Cass and McReynolds (175) arrived at a much lower average for their group—25.¹ Neff and Lidz (708) report varying means for their soldier

¹ This variance of seven responses may be attributed to important differences in the composition of the sampling populations in such factors as intelligence, socioeconomic levels, age distribution, and size of the groups. This emphasizes the importance of the interrelationships among the separate Rorschach elements since each population variable is reflected in more than one Rorschach factor (255).

population: "superior, average, and inferior" intelligence groups showed central tendencies of 25.6, 14.2, and 13.7 R's respectively, with an approximate average of 18 responses for the entire group. These findings, incidentally, disclose the relationship that exists between R productivity and intelligence. The normal range is 20 to 65 responses given in the free association stage of the test. The lower the total R, below 20, the more constricted the ego structure. Few R's with a low Sum C mirror the inhibited, emotion-avoiding individual who prefers not to become involved with other persons in his environment. It is essential to differentiate between the subject who produces sparsely because of limited ability, and one who is emotionally inhibited, cautious, overly critical, and otherwise blocked from spontaneity of association and verbalization. The former will produce in terms of poor form accuracy, with little differentiation in the use of color and shading values of the plates—the retarded and brain-damaged. The latter, the inhibited subject, usually perceives and reports with excellent accuracy of form, perhaps with too rigid control (high F and F+ percentages), and with too little freedom of creativity (low M) and affectivity (low Sum C). This type of responsiveness will include the intelligent but overly critical person, the atypically depressed, and the extremely cautious subject who cannot afford the luxury of reflective self-indulgence for fear of what this untrammelled free train of ideas might elicit that would be ego threatening.

A protocol with more than 65 responses is the product of a fertile intellect that is rich in associative ideation. The hypomanic will produce until the plates are removed from his sight.² In this situation the prolific productivity will be highly spiced with poor form, rare and minute details, and bizarre content. This communicates caution thrown to the wind, lack of criticalness in responding to stimuli, impaired judgment, and paucity of association despite the high productivity. The latter is evident in the small number of discrete content categories into which the responses may be distributed, so that the high number of individual responses cannot be equated with healthy spontaneity and constructive freedom of thinking.

A prolific record, on the other hand, may reasonably be the labor

² Overproductivity may be controlled tactfully; see Allen (26, pp. 24-25).

of high intelligence operating within a compulsive (obsessive rumination) context. This is seen in the good form quality, absence of bizarre responses even though the subject uses minutiae (dr, dd, de), and the deliberate thoroughness with which the testee examines the plates (studied turning of the cards, and long response time). The wealth of association results in an elevated distribution among content categories. Moreover, test behavior itself differentiates the intellectually superior and meticulous person from the elated, carefree, unrestrained producer of responses.

Rejections—Rej

Ordinarily rejections are not found in the protocols of normal subjects. Occasionally an adjusted person with low average intelligence may find difficulty in handling plate IX. This is usually attributed to "intellectual shock" rather than to neurotic interference.³ However, the tester should regard every rejection with suspicion. The mentally retarded subject will usually encounter extreme difficulty with plate IX, but he will also find other cards a chore beyond his intellectual ken. (The general performance of the maldeficient is the result of an inability to organize and conceptualize because of restricted experiences manifested by limited responsiveness, few W, stereotypy, impoverished content, and the undifferentiated use of determinants.) The rejections of the depressed person will be found in the colored cards, especially II, IX, and X. Three factors are at play in this instance—the sudden burst of red in II, the greater energy required in IX to organize a pure form concept, and the scatteredness in plate X which might be suggestive of imminent calamity to the depressed patient. The rejections of the schizophrenic are unpredictable in view of the unevenness and fragmentation of ideation and hence association of ideas. Of the various behavioral categories the schizophrenic has the highest number of card failures. In the neurotic experience rejection may be confined to the shaded plates, IV, VI, and VII; and/or the colored plates, II and IX. The rejections of IV and VI may be ascribed to shading or dark shock and the particular topical memory picture evoked by the form of the plate, viz., reaction to the authority figure or father symbol in

³ A method for determining this distinction has been suggested by Allen (22).

IV, the double sexuality in VI. In regard to card VII it is not the shading alone but its intangible diffuseness coupled with female sexuality or the mother figure that troubles the emotionally ambivalent subject. Plates II and IX are difficult for the neurotic perceiver because of the clash of bright red with black (sex shock?) in II; and the vivid colors combining with esoteric form in IX. Plate V is least often rejected because of its almost self-organizing shape. In the nonpsychotic rejection of card V may be an adverse reaction to its blackness as in the depressed subject.

Rejection may be present in the protocol of the meticulous, compulsive testee. The inflexibility inherent in high F per cent and extreme F+ adherence demonstrates the perfectionist nature of the adjustive mechanism at work—"meet my high standards of reality, or go by the board."

SECTION B: TIME DETERMINANTS

Average response time—T/R

By definition *response time* is the fully elapsed time interval between the presentation of a plate to the testee and his placing the card face down on the table to signify he is through with it. The *total response time* is the sum of the individual response time for all ten plates, (excluding cards which have been rejected, if any). The *average response time* (T/R) is this total response time divided by the total number of responses for the free association stage (i.e., do not count any responses obtained in the Inquiry and Testing the Limits). Cass and McReynolds (175, p. 182) report a mean response time of 46.9 seconds for their standardization group. The middle 50 per cent of this group ranged from approximately 24 to 52 seconds (estimated by the author).⁴ Rorschach workers generally accept an average response time of between 25 and 45 seconds as normal. Too brief exposure to the stimulus may reflect impulsive decisions based on inadequate, partial views and judgments. The results are discernible in poorly assimilated stimuli and shabbily organized percepts. The euphoric patient is an example of this type of experi-

⁴ The reported total of 15 to 357 seconds is misleading in view of the fact that the spread between the tenth and ninetieth percentiles is from 18 to 78 seconds!

encing and responding—easy distractibility, jumping from one engram to the next as the eyes are attracted first by this then by that blot stimulus; and the pressure of speech sometimes entirely unrelated to the blot area as a stimulus.

An average response time of more than one minute must be regarded with suspicion. Any T/R over two minutes is definitely pathological. Organic brain-damaged patients and depressed persons will ordinarily give long T/R's. The former is unable to shift easily from plate to plate, and within the plate from one area to another. Due to the encephalopathy there is difficulty in organizing discrete parts into a gestalt. The patient's anxiety over his inability to handle the blots satisfactorily further contributes to delayed responsiveness. To these may be added the patient's perplexity and frustration attendant upon continued failure in order to understand an average response time of one minute or more. In the depressed subject there is a general psychomotor retardation due to blocked spontaneity of ideation and communication. The depressed is "tied up" with himself, his feelings of guilt and self-culpability, so that he first has to break through the wall of self-isolation in order to verbalize to the examiner. While both groups of patients have delayed response times, the difference between the two will be in terms of the adequacy of the concepts which are structurally more acceptable in the case of the depressed. Where repression and suppression play roles (in the neurotic and preserved psychotic) response time will be affected. It should be remembered, however, that averages mask individual deviations. The interpreter should examine the individual card response times to see if any one plate is unduly influencing the total (or average) time picture. For example, one plate may elicit only two responses in five minutes. This will distort the over-all picture especially if the other plates show responses and response times within usual expectancy. This one plate, then, should be considered as a significant lead for aberrant thinking rather than be lost in the anonymity of T/R.

Average reaction time—ART

By common agreement *reaction time* (as differentiated from response time) is the time interval between the presentation of the plate and the subject's first intelligible response. There is a reaction

time for each plate to which the testee gives at least one response. The reaction times for the colored and noncolored plates are considered separately by obtaining the average reaction time for the chromatic plates and the same for the achromatic cards.

Before considering this dichotomy, it is first necessary to give some attention to the problems of reaction time in general. Beck et al. (91, p. 273) give this advice: "Parenthetically it should be mentioned—this is more germane to the reports on the clinical groups—that anxiety shock and neurotic shock, in so far as they are indicated by time for first response, *take as their base the patient's own average of first response time for the 10 figures in the group as a whole*" (author's italics). The core of this counsel is to use the subject as his own control rather than setting up an arbitrary or absolute figure as the referent for reaction time interpretations. Sanderson (882) investigated the reaction time for all ten plates and included in his report a "relative reaction time" index for the plates using plate I as the base.

TABLE 2
Sanderson's Reaction Time Data for the Ten Plates*

Cards	Mean reaction time**	Range***	Relative reaction time	Rank
I	7.76	4-11	1.00	1
II	11.66	5-18	1.50	5
III	9.22	5-14	1.19	2
IV	13.02	8-18	1.68	6
V	9.66	4-15	1.24	3
VI	14.76	4-25	1.89	9
VII	14.26	7-22	1.84	8
VIII	11.46	4-19	1.48	4
IX	15.56	5-27	2.01	10
X	13.54	5-22	1.74	7

* Modified from Sanderson (882, p. 128 Table I).

** Time in seconds.

***The range includes time limits between ± 2 standard deviations.

According to Table 2, card I has the shortest initial reaction time and is assigned the role of basic referent with a relative reaction time value of 1.00. Plate II has an initial reaction time one half longer than the first plate giving it a relative reaction time value of 1.5.

Beck (91) also breaks down his data for the individual plates. The reaction times are much higher for his study group with consequent variations in the rank orders of the plates. However, both studies accord card IX tenth place, i.e., as having the longest reaction time, and assign to cards I and IV low relative reaction times.⁵ In the protocol of the adjusted person plates I, V, III, VIII, and II should offer little difficulty from the standpoint of initial reaction. The remaining plates, VII, IV, X, VI, and IX usually elicit initial responses in delayed reaction times ranging from 67 to 100 per cent longer than the basic relative reaction time, i.e., the reaction time for plate I (1.00). This observation should give meaning to the individual reaction times of the testee. Long delayed responsiveness to plate I (see Table 2), because of its primacy in the sequence of presentation, reflects the lack of alertness by the subject in the face of a novel situation in which familiar clues are absent and in which he must rely solely on his own resources. The four possibilities are discussed in Chapter 10. In regard to card V the reaction time should be almost similar to plate I because of the extremely popular, almost instantly self-organizing "bat, butterfly, or moth" percept. Response failures or inefficiency in these cards are expressions of a serious interfering process at work. Slowness of first response to cards III, VIII, and II (the last especially) may stem from the presence of the color-form combination which limits the freedom of association since two variables must be considered whether or not both enter into the final percept—form without color, form with color, or color without form; this is a selective process which requires time for completion. Tardy initial responses to plates VII and IV may be ascribed to the first impression or meaning of the plate—mother symbol, father figure, or parental authority—which plays a role for the ad-

⁵ The rank orders of plates from rapid to slow ART's:

Rank order	1	2	3	4	5	6	7	8	9	10
Sanderson	I	III	V	VIII	II	IV	X	VII	VI	IX
Beck et al.	V	I	III	VIII	II	VII	IV	X	VI	IX
Differences	1	1	2	0	0	1	1	2	0	0

The differences in rank orders and time values may be ascribed to the two sampling populations which have marked variations in size, educational background, and socioeconomic levels. These are important factors in Rorschach performance and emphasize the foolhardiness of attempting to utilize averages and other statistical data *in vacuo*,

justed as well as the maladjusted.⁶ Plate X, on the other hand, is scattered. The average person will look over the major portion of the plate before responding overtly. This card has many opportunities, but they are dispersed and necessitate choosing from among the possibilities—a time-consuming process. This, however, is not the chief reason for delayed performance in card X; it lies, rather, in the highly variegated coloration which compounds with form to increase associational difficulty. Noticeable delay will occur in the case of the person with “quality ambition” to produce a W response.

Plates VI and IX are highest in mean initial reaction times. The combination of shading and obvious sexuality in VI comes as a surprise to the testee. Even the adjusted person requires time to recover and to verbalize a concept which is socially acceptable.⁷ With regard to plate IX it is accepted among Rorschach workers that intellectual or color disturbance will be manifested in long delayed reaction time.⁸

In the effort to derive interpretive inferences from the reaction time data in a protocol it is best to apply the criterion of the subject's own performance rather than seeking for absolute numbers as the measuring rod. Delayed reactions, i.e., those exceeding the relative values suggested by Sanderson,⁹ need particular attention. In this way each testee sets up his own norms for the interpreter's use. It has been the author's experience to note the delayed reaction times on the summary recording form in this manner:

Achromatic plates

9

15

7

18

19

I

IV

V

VI

VII

Chromatic plates

II

III

VIII

IX

X

14

11

10

21

11

⁶ Assigning meaning to a plate does not necessarily imply an adverse affect, but meaning does infer an ideational process which requires a time dimension for the selection to take place. The perceiver will require more or less time for this depending on the nature of the meaning, the train of associations set off, and the consequent free translation of the idea into a verbal response or a blocking of this expression.

⁷ Beck's dictum with reference to sex content should be recalled: “The mean for sex content turned out very low: .03. The actual total number of overt sex content associations among the 157 individuals [of the Spiegel Sample] was 4.

The overly delayed reaction times are encircled. This method of recording calls the tester's attention to the deviated reaction times that are possible sources of difficulty for the testee.

The average reaction time for the achromatic plates (*ART-a*) I, IV, V, VI, and VII, should be similar to the average reaction time for the chromatic cards (*ART-c*) II, III, VIII, IX, and X.¹⁰ Beck's (91) chromatic-achromatic mean reaction times are 28.6 and 27.3 seconds respectively; Sanderson's (882) *ART-c* and *ART-a* comparison is 12.3 and 11.9 seconds; while Cass and McReynolds (175) contribute reaction time medians of 14 and 13 seconds for the five colored and the five noncolored plates respectively.¹¹ Clinical experience supports this validated trend of no significant difference between color and noncolor reaction times. In this particular test datum "significance" is indicated when either one of these reaction times is one and a half times longer than the other, e.g., with *ART-a* of 12 seconds the *ART-c* would have to be greater than 18 seconds for significance. (When both average reaction times are 10 seconds or less this rule of thumb cannot be applied.) The nature of the significance differs with the dominant *ART*. Color disturbance is reflected in *ART-c* delay.¹² One inference is the presence of color shock of which delay in initial responsiveness to colored plates is a manifestation. The subjective predicament implied in the affective component of response to color, viz., degree of ego-controlled emo-

This need occasion no surprise. The censor is operating. This is no doubt an established habit in a normal population sample, on the topic of sex" (91, pp. 271-272).

⁸ See footnote 3.

⁹ See Table 2, column 3, p. 112.

¹⁰ Note that there are two noncolored and three colored cards in the first five ranks; and three noncolored and two colored plates in the second five higher ranks as indicated in footnote 5, p. 113.

¹¹ Cass and McReynolds (175, p. 182) also report the means for these two reaction times: 18 and 17.2 seconds for the chromatic and achromatic cards. Needless to say, the larger means (over the medians) are due to the extremely long reaction times above the 95th percentile. See footnote 4.

¹² *ART-c* delay should not be the result of only one extremely long initial reaction time to one of the colored plates. Should this occur it is best to obtain the *ART-c* by excluding the reaction time for the unduly delayed plate. The author suggests that the tester seek supporting evidence for *ART-c* or *ART-a* delay in the average response time for the colored or the average response time for the noncolored plates. See Allen (22).

tionality, receptivity to external stimulation, and willingness to become part of the surrounding social world, is involved in the alacrity with which the testee conceptualizes when faced with such stimuli. The neurotic is very sensitive to this type of experience and therefore is more likely to have long-delayed ART-c. The depressed may show some undue sensitivity to the colored plates but the over-all performance is so inhibited as to result in little difference between these two types of reaction times, i.e., both ART-c and ART-a will be high.

Shading shock is obvious in slow ART-a, especially for plates IV and VI in which card meaning and shading tones join to upset the neurotic subject. Shading-determined concepts are anxiety indicators: "... of uncertainty, of a feeling of being exposed to danger, of considering the environment hostile, and of doubt concerning the most suitable method of restoring security" (149, p. 72). The extent to which the shading tones of the achromatic plates incur these feelings in the subject, to that degree will attempts be made to evade responsiveness—a time-consuming process manifested by delayed ART-c.

The average response times for the achromatic and chromatic cards are found by totaling the number of responses and response times for the colored and noncolored plates separately, then dividing these response time totals (one for the colored and one for the noncolored plates) by their respective number of responses. These two sets of data are used to support the ART-c or ART-a.

SECTION C: EXPERIENCE BALANCE (E.B.) AND CORRELATES

M : Sum C

This is discussed in Chapter 5, pp. 49-51.

FM + m : Fc + c + C'

This is discussed in Chapter 5, pp. 49-51.

¹³ The student will no doubt inquire as to why the Color Ratio (C.R. or 8-9-10%) is omitted from the main body of this text. Recent research has indicated that the conceptual basis for the interpretation of this formula VIII+IX+X R/Total R) is much too speculative. Actual experimental investigation does not

favor regarding this ratio as significant of an interpretation that could add to personality evaluation.

Sappenfield and Buker (885) investigated Klopfer's assumption "that productivity on the last three cards is a function of responsiveness to color." By comparing subjects' 8-9-10 percentages for the Harrower-Erickson series (control) and achromatic slide reproductions of the standard Rorschach cards (experimental) they found for their group of 238 subjects evidence "contrary to the (Klopfer) hypothesis." Mean 8-9-10% for the H-E series was 31.84 as compared with 31.40 for the achromatic Rorschach slides.

Dubrovner, Von Lackum, and Jost (221), in a counterbalanced experimental design with standard and photographically reproduced Rorschach plates, tested the same assumption. They found (p. 336): "(1) there is no evidence in the present study to support the hypothesis that color affects productivity; (2) there is no support for the interpretation of the percentage of responses to color cards VIII, IX and X as an index of emotional resources. . . ." Allen, Manne, and Stiff (30) also employed a counterbalanced technique with standard and achromatically printed Rorschach plates (by Verlag Hans Huber, Bern, Switzerland) with the individual method of administration and inquiry. They found (p. 239): "With respect to the number of responses to cards 8, 9, and 10 . . . the test of significance between groups A (achromatic) and C (chromatic) mean per cent productivity on the last three cards, results in a t of .56 and a p of .50. . . . It may be concluded, then, that those who are fruitful in one ink blot situation are fertile in the other. The converse is also true—the barren producers remain sterile." The same hypothesis was tested with neurotic and psychotic groups of patients by Allen, Stiff, and Rosenzweig (33) using the AB-BA technique with standard and achromatic plates individually administered and inquired. The difference between the C.R.'s for colored and noncolored plates VIII, IX, and X with both psychiatrically classified groups "was not sufficient to warrant the rejection of the null hypothesis (p . .30). It therefore remains tenable to assume that color has no effect in determining the color ratio" (p. 82).

One other study offers sufficiently important evidence of the futility, at present, of considering the C.R. as having interpretive value. Maradie (636) executed an experiment with the ". . . specific purpose (of investigating) the possibility that irrespective of the sequential positions of the cards, later-appearing cards will produce more responses than earlier cards. At the same time, this (latin square) design permits an evaluation of the productivity attributable to the cards themselves, independent of their order of appearance" (p. 32). He found: "(1) Irrespective of the order of the cards, the *position* of the cards is of importance with later-appearing cards producing more responses than earlier-appearing cards" (p. 35). Card X, regardless of its position in the presentation sequence, elicited the highest number of responses. Plate I, regardless of its sequential position, produced the fewest number of engrams. This means that card pull for productivity is a function of the structure of the plate itself and/or its position in the presentation sequence. Attributing significance to responsiveness to plates VIII, IX, and X as something special as compared with plates I to VII is not justified since it would be necessary to attribute the same significance to *any* three plates in the last three positions. For these reasons the author has omitted the interpretive significance of C.R.

W : M

This is a ratio between the concepts built around the total blot with its reflection of the testee's associative activity and ability to deal with over-all situations, on the one hand (Chapter 2), and the subject's capacity for imaginative living beyond the confines of the stern realities of life, on the other (Chapter 5). Bringing these two Rorschach factors together "represents the drive for mastering the total situation, and . . . the degree to which personal resources are used in this effort" (552, p. 5). Involved in the interpretation of this ratio is the subject's level of aspiration, *W*, and available intellectual resources to achieve this goal, *M*.

The range of normal expectancies recorded by Rorschach experts is placed at approximately 2*W* to 1*M* (149, 203). Beck (91) and Cass and McReynolds (175) give as optimal ratios 1.7:1 and 1.5:1 respectively. The differences among these ratios is not significant.

An overemphasis of whole responses characterizes the individual who is attempting to reach beyond his intellectual means to achieve. He may be ambitious and therefore is under the constant need to perform at a high level in order to give as good a picture of himself as possible. Compulsive subjects tend to overemphasize the *W* location at the expense of spontaneity and freedom of thinking that would be manifested by a relatively sufficient number of *M* determinants. Young children and mentally retarded testees usually produce a high number of *W* concepts but with very little evidence of intellectual capacity to support this façade of good achievement. In many instances an apparent picture of good *W* productivity will be contradicted by the poor form level accuracy of the *W* responses. In regard to the interpretation of the *W* responses in relation to *M* it is necessary for the tester to consider not only the *W:M* ratio *per se* but also the quality of the *W* and *M* percepts. If both *W* and *M* are in the positive direction, that is, the responses are wholesome with good form accuracy, the interpretation will be more favorable than one in which there is high productivity but with a great deal of inaccuracy in form.

Underproductivity of *W*, i.e., the number of movement determinants outweighing the *W* responses by more than the expected ratio of two to one, suggests an interpretive inference in the direction of

inner living outweighing productive ability. Whatever creative abilities the subject might have is not being properly utilized. Instead of achieving more objectively this individual has strong tendencies to attain goals that are ideational rather than actual. This would range from the autistic person who accomplishes totally within his own fantasy world to the extremely intelligent individual who is less likely to produce his wares for the world to observe.

Klopfer and Kelley (542, p. 277) have summarized this relationship as follows: "It is clear that $W:M$ is an intra-individual ratio which indicates how well the contact between a rich inner life and mental activity is established."

$H + A:Hd + Ad$

This is discussed in Chapter 9, pp. 82-83.

$W:D:Dd+S$

This is discussed in Chapter 3, pp. 32-36, 83.

Succession

This is discussed in Chapter 3, pp. 34-36.

ADDENDUM

In this chapter the student of Rorschach interpretation has been exposed to the formal computational aspects of test interpretation. The author feels that this is a necessary part of the process of learning how to handle Rorschach data adequately. This is no plea for attempting to keep the student from appreciating the value of the sequential analysis of the Rorschach protocol. The author agrees that a sequential analysis does not depend too much upon the procedures described in this chapter. However, this kind of interpretation has its place only after lengthy experience with this particular projective technique before a tester can feel comfortable with the less formal approach to interpretive procedures.

Chapter 12

THE INQUIRY AND TESTING THE LIMITS

An integral part of the Rorschach administration is to question the testee in order to ascertain those factors which entered into association of the blot stimulus to the given verbal report.

INQUIRY

The first of these two stages, the inquiry, has been accepted by all Rorschach workers because it affords the tester an opportunity to ferret out the formal components of the subject's response as well as the ideational content. This data usually becomes available when the subject is asked to account for and elaborate upon his concepts. Beck (83, p. 5) writes, in regard to the inquiry, "This is as important a procedure as the free association itself. Without the information obtained in this inquiry, E cannot know how to process the responses and is not in position to pattern out the personality structure." Allen (26, p. 81) describes the inquiry in these terms: "The freedom of the main stage in which spontaneous association is encouraged does not appear in this phase of the test. The subject is called upon to account for his percepts so that they may be scored according to the symbols. . . . The tester must be tactful and not leading in eliciting the requisite information from the subject." Rorschach, in his original volume, had little to say regarding the inquiry.

The inquiry serves another purpose which might become more important than the primary one of having the subject account for his percepts. This second purpose is to give the testee an opportunity to augment the protocol with responses which he was reluctant to verbalize in the free association range. This affords the testee

with further opportunities either to conceive anew or to complete previously educed associations more satisfactorily. Neurotics especially take advantage of this second chance to supplement an impoverished protocol since they feel more comfortable as they become more familiar with the testing situation. When this occurs it indicates the extent to which the subject has been able to recover from the original emotional disturbance of the main stage and is once more relatively free to respond to the ink blot situation. It is not unusual for normal subjects to increase their responsivity during the inquiry phase. This is not surprising since most persons are somewhat concerned when subjected to any psychological test. The amount and quality of inquiry responses are really significant as differential factors between the adjusted and the maladjusted individual. The former may elaborate more fully on responses and may add a popular percept here and there, but no dramatic changes will be evident as a result of the inquiry. The anxious subject, one who is inhibited, emotionally blocked, sexually ambivalent, insecure, and functionally inefficient, will interpret the inquiry as less threatening with consequent relaxation of defenses that yield to the permissiveness of the inquiry climate. The flexibility of these adjustive mechanisms in the altered atmosphere is a favorable sign for positive therapeutic prognosis.

The technique of the inquiry differs among Rorschach workers. Rapaport (801) recommends inquiry immediately after the completion of each plate. This is necessary because the ink blot is removed from the subject's sight as Rapaport carries out this phase. The majority of Rorschach workers, however, enter the inquiry phase after all ten plates have been administered. Mons (677, p. 25) summarizes the prevailing attitude in this statement: "While the test is in progress no question should be asked, because it would convey an element of suggestion which would affect further responses. The only permissible request is one for the part of blot in question to be indicated, and this should only be done on rare occasions."¹

With the usual placement of the inquiry, it is essential that the

¹ Rapaport (801, pp. 97-98) feels quite strongly in this matter of the place of the inquiry in the test sequence. He brushes aside the possibility of strong suggestion that his method would have upon the subject's responses in the free association stage. The student is urged to read Rapaport's point of view.

affect of the atmosphere during the inquiry be considered in the interpretation. If the Rorschach protocol is to reflect the personality structure of the subject, it is important that the tester remain as neutral as possible. However, experimental evidence indicates quite conclusively that there is a significant element of examiner influence in the free association stage and in the inquiry. The complete inquiry calls for a great deal of skill and insight into the examiner's own influence on the testee's responsiveness. It is reasonable to assume that a tester may elicit any desired Rorschach determinant if he questions persistently enough. Gibby (286, p. 449) studied "the stimulus value of the examiner as it relates to Rorschach inquiry." Gibby's findings revealed definite differences in the obtained Rorschach elements in keeping with the individual examiner bias with both standard and nonstandard inquiry.²

The interpretive value of the inquiry lies in the supplementary information regarding some perceptions of the testee and his ability to verbalize them after an earlier period of inhibition. Modifications, clarifications, elaborations, and new additions to the cards call for individual analyses. Several plates seem to be more prominent in eliciting the additional responses or elaborations of previously given concepts. Since plate I is a novel experience and is, therefore, conducive to throwing the subject off balance, it is not unusual to find the subject producing popular and other responses during the inquiry. The production of acceptable responses during the inquiry of plate I, after a rather impoverished free performance, should not be considered as an adverse sign unless this picture is repeated in the other cards. The ability to improve performance after the first card has been exposed is one earmark of the adjusted, but cautious, person. In the inquiry the subject shows the results of "warming up" to an unusual situation. On the other hand, continued paucity of responsiveness in the inquiry reflects adversely and emphasizes the

² The conclusion of Gibby is amply supported by the investigation of Lord (618). An interpreter is not completely free to accept the protocol as if it emerged *in vacuo*. He should be certain that he has not influenced the final scoring (a function of the individual location, determinant, and content categories) by projecting himself as little as possible into the testing situation. At best a test is administered and taken in a social, interpersonal situation with the give and take that inheres in such circumstances.

continued need for ego defensiveness in order to function in the social milieu.

Card VI, because of its sexual connotation, will result in a more favorable production in the inquiry phase, especially for the neurotic person. Occasionally the examiner will find the subject stating that a response just given (during the inquiry) was originally seen in the free association stage but for one reason or another (it is essential that the tester attempt to ascertain this reason) it was not forthcoming at that time. While it is desirable to obtain additional response for scoring, it is more important, from the point of view of understanding the perceptions of the testee, to consider these delayed responses from their contextual frame of reference.³ Plates IV, VII, and IX should also be given careful attention in the inquiry. The first two cards may show recovery from the parental authority situation, while the last may indicate a return to efficient intellectual functioning. Failure to see the populars or to produce effectively mirrors low recoverability.

In the method of sequential analysis for interpreting the protocol the responses which are forthcoming in the inquiry stage are regarded as being significant for the trends in the personality structure which are not completely on the level of awareness, i.e., the adjustive mechanisms and the modes of expressing these mechanisms. The subject has to "dig" in order to give overt manifestations of these facets. A favorable indication of recoverability from exposure to disturbing experiences is seen in the productivity during the inquiry phase which brings the protocol within normal limits in so far as the various computations are concerned. This is also reflected in the nature of the contents as they reveal the movement toward a more wholesome and constructive responsiveness.

TESTING THE LIMITS—*t t l*

After the inquiry has been completed it is often necessary to probe further with unrestrained questions. This is testing the limits "to elicit responses, details in location, determinants, and content, that

³ Most Rorschach workers do not include the scores obtained for the inquiry additional in working up the computational data. Such computations are confined to the responses given during the free association phase.

have been omitted, distorted and 'avoided or not clarified'" (26, p. 96). Testing the limits is a postinquiry technique for applying psychological pressure to elicit further responsiveness to the plates. Rapaport (801) describes as the aim of this procedure to "unearth subliminal determinants." Allen, (26, p. 96) introduces this phase of the test with the following statement: "In the main stage the spontaneous reactions give insight into the more readily available facets of the personality structure. It would be interesting, indeed, to probe into those responses which are symptomatic of deeper-lying dynamics and of ego-alien material not near the surface and consequently not easily accessible." This procedure is utilized for supplementing the wealth or paucity of ideation during the main and inquiry stages. The more prolific the first two phases the less will it be necessary to indulge in testing the limits. This technique is generally accepted by most Rorschach workers, since the elicited material may prove to be significantly valuable. It is also important to note that there are no limits as to how the examiner may phrase his questions or the amount of pressure he may apply in order to probe the testee's thought content as well as his mode of experiencing in response to the blot stimuli. By utilizing the method of pressure levels reported by Allen (26, pp. 99-101) the tester can appreciate the subject's willingness and/or ability to cope with the specific material being teased out by the limits method. The examiner must have a purpose for entering into the t t l phase. For example, should there be an absence of W or popular response, or should any other suggestive element of the Rorschach be "avoided or unclear," the tester should persistently strive to elicit such concepts. The extent to which the subject reduces these omissions and increases clarification in the t t l, to that degree is the sensitive material available. Inability to elicit popular responses, or to induce color usage, or the movement determinant, is significant of the subject's resistances with consequent light thrown on the behavioral interpretations.

The testing the limits technique may also be utilized for sequential analysis purposes. However, the data obtained during this stage of the entire testing situation is open to the danger of flights of fancy on the part of the tester. The interpretation of the added material should be used with extreme caution and then only to answer the specific question for which t t l was employed. Care must be taken

not to introduce questions so threatening to the testee that it would disturb him beyond the value of the information that might be gained. The tester should remember that during this phase there is no standardization of the questions to be asked or the method of calling the testee's attention to the various parts of the blot stimulus. This stage could be used to round out rather obvious gaps; it should not be abused for the greater harm of the patient. The material which has been successfully given, from the point of view of the testee, during the free association and inquiry phases are the surface traits through which the personality expresses itself. There are facets of the individual's life which cannot be revealed either deliberately or with total unawareness on the subject's part. What is more likely, however, is that the defense mechanism employed, usually repression, has done quite an adequate job of protecting the self-concept from incompatible thoughts and ideas without necessarily keeping out the emotional concomitants which are seeking expression in disguised form. When this unacceptable material comes to the surface as the subject verbalizes, it would be well to note behavior and record the overt signs of emotional discomfort and instability. From these clues the tester will be able to make interpretive inferences regarding the extremely sensitive areas in the life of the testee.

Part V

REPORTS AND REPORT WRITING

Chapter 13

MAINTAINING HOMEOSTASIS: THE NORMAL PICTURE

The protocol of the adjusted person reflects the group in which he lives. The process of everyday living consists of a constant flux of compromising ideation manifested as verbal and motor behaviors. The dynamics of the normal individual differ quantitatively and hence qualitatively from the motivations of the maladjusted.¹ It would be an error for the understanding of human behavior to think of the normal person as being unmotivated, static, and not coping with problems calling for constant and satisfying solution.

The Rorschach protocol of the adjusted person is a study of process in problem solving. It is difficult to present a characteristic normal record. The factors of age, sex, marital status, intellectual level, educational and social backgrounds, and present situations are variables which cannot be pressed into a single mold to give a typical record. At best the empirical approach is used for selecting an example of such a protocol. The criteria are necessarily practical.² In

¹ This is a controversial issue in the study of behavior dynamics and behavior descriptions. The normal person resorts to adjustive mechanisms in order to maintain and defend his private idiosyncratic world (Frank). These mechanisms are utilized to *more or less* a degree by all persons.

The extent to which the person indulges himself in these tools for homeostatic maintenance will determine the consequent and subsequent activities. These behavioral manifestations may be so different as to defy all attempts at finding similarities. The occasional daydreams of the doctoral student may result in a constructive contribution to specific knowledge, while the pervasive daydreams of the autistic person produce uniquely unrealistic and bizarre fantasies that are highly topical and socially useless.

² This criterion of normalcy is in contrast to the ideal and statistical standards. From the point of view of the practicing clinician it is more essential to deal with adjustive norms than to reach for highly esoteric standards.

reviewing the case history of the selected sample, the author's practical criteria are positive answers to these questions: Is the subject meeting his everyday obligations satisfactorily? Is there an absence of conflict with social, legal, and religious institutions? Is the subject functioning without disabling inefficiency? Can he smile? Does he meet problems and cope with them in a socially acceptable manner?

The following is the record of Mary R., who was referred to the author for personality evaluation in connection with a marital problem. She is thirty-eight years of age, married, the mother of a small son, and a high school graduate.

RORSCHACH PROTOCOL

I. 7"

1) \wedge This I. I. a large butterfly.

1) It's a first impression as I see the whole blot. It may be flying, or it may not, I'm not sure. I've never seen a black butterfly but its color is suggestive. W FC' A P

2) \vee This reminds me of an emblem on an Army officer's cap, not exactly, but a general impression.

2) It has the symbols of war and peace in its claws. W F+ Emb.

3) $> \wedge$ I see a woman holding her hands up.

3) The neck, waistline, and a rather full skirt. She has large hips and feet close together. I don't see the head. (D4)

47"

D M+ Hd P

II. 9"

1) \wedge L. I. two bears.

1) Their noses are together, ears back here and front paws. (D6) These dark and light stripes give me an impression of fur. (? parts) I see only up to the front paws. D F+, Fc Ad P

2) $\wedge \vee \wedge$ This is a colored butterfly, down here.

2) It's shaped like a butterfly. (D3) D FC+ A

3) > √ Now the bears l. l. two scottie dogs in this position. These look alive even though I see only the heads.

4) √ This small part here reminds me of a rooster's head.
68"

III. 4"

1) ∧ This looks just like two men, perhaps dancing or bowing.

2) ∧ Here is a gaily colored ribbon.

3) √ Looks like the head of a negro with curly hair and facial features.

4) ∧ In this position this part here (Dd26) is something sexy... the man's organ, you know what I mean.

72"

IV. 10"

1) ∧ My first reaction is seeing a giant walking toward me. He's quite hairy all over. This thing in the middle does not seem to fit into the picture at all (D1).

2) ∧ Oh, I know, it's a head of a bull now.

3) < This is a statue of a dog barking at the moon with his tail up in the air.

46"

3) Here are the ears. They must be smelling each other (D6)
D FM+ Ad

4) (Dd22) The outline of the coxcomb and the beak. Dd F+ Ad

1) The faces are not clear but the general shape reminds me of two men. They are being polite to each other. (D1) D M+ H P

2) (D3) The shape and color are exact. D FC+ Clo. P

3) The skull is shaped like a negro's and it's darker back here where the short curly hair is located. (D4) D F+, Fc Hd

4) The shape of it and it's in somewhat the right place too. (Dd 26) Dd F+ Sex

1) Here's the head, and his arms are at an awkward angle. (?) Position. He has big feet and seems to be walking toward me. (?) hairy) The light and dark shadings all over. D M+, Fc (H)

2) Up here are his horns, and the eyes seem to be bulging out. (D1) D F+, Fc Ad

3) (D2) His snout is up, mouth open. It's a cute piece for the house. D F+ (A)

V. 4"

1) ^ This seems to be easy, the whole thing l. l. a bat.

2) ^ This is part of a woman's foot.

21"

VI. 8"

1) ^ The bottom part reminds me of a rug like I've always wanted to own.

2) ^ Looks l. cat's whiskers up here.

3) ^ The whole thing l. l. sort of an Eskimo tribal symbol on a large hill. My little son has one like this he got for box tops.

4) ^ Like this I see two faces.

57"

VII. 6"

1) ^ This is two women talking to each other, reminds me of women who are always supposed to be gossiping over backyard fences.

2) ^ This is a mask like you see in a theater program.

1) Here is the head and feelers, the body and wings. (?) Well, it's stretched out but I can't imagine it flying. W F+ A P

2) (D1) This bulge is the exact shape of the woman's foot.

D F+ Hd

(1a. ^ This l. l. the profile of a man with the eyes, nose, and mouth here and a prominent chin—Dd23 Dd F+ Hd)

1) Might have been skinned but the head is missing. (?rug) A fur rug. (?fur) These light and dark differences in the picture. D Fc+ AObj. P

2) (Dd26) These long thin lines. Dd F+ Ad

3) This (D8) is the pole dug into the bottom (D1) so that it l. l. it's being seen from the foot of this large hill. W FK+ Obj.

4) (D4) Here's one face and the other is on the other side. The long nose, chin, and eyes here; a profile view. DS F+ Hd

1) (W) Here are their faces with fancy hair combs. They are turned toward each other.

W M+ H P

2) (D3) It might be "comedy and tragedy" symbols. (?) The shape. D F+ Mask

3) > This is certainly a dog, it
l. l. my son's dog.

4) √ The head of a man, an old-
fashioned idea.

52"

VIII. 8"

1) ∧ Here are two wolves look-
ing for prey, something to eat.

2) ∧ A colorful design.

3) ∧ This l. l. a tooth.

4) √ ∧ This l. l. two pillows.

70"

IX. 10"

1) ∧ This is a hard one, let's
see. . . this l. l. a witch or
Mother Goose character.

2) ∧ √ The cherry tree is in full
blossom right here.

32"

3) (D2) The large head, short
body, and sort of bent legs.

D F+ A

4) (S) You can't see the facial
features, just the outline of a
statue of a head. S F+ Obj.

(1a. √ Down here I see what l.
l. two people, they are not too
distinct but here they are. Dd27

Dd F+ H)

1) They're shaped like those
I've seen in the zoo; yes, that's it.
(D1) D FM+ A P

2) (W) (?design) Well, like
you see on the Holy Torah at
services only more colored. The
libns on the side and the rest of
it. W FC+ Emb.

3) (Dd26) It's the shape of a
front tooth. Dd F— At.

4) (D5) (?) It's square and col-
ored. (?pillows) I'd say the color
reminded me of fancy pillows,
silk ones. (?silk) Well, the color.

D CF+ Obj.

(1a. This l. l. a wishbone. Dd-
29 Dd F+ At)

1) (D3) The peaked cap and
long flowing robe reminds me of
Mother Goose and her rhymes. I
read them to my son when he was
younger. (?robe) She is dressed in
a colored costume. D FC+ (H)

2) (D9 and center D) I've seen
'em in Washington. The shape
and color. D FC+ Pl.

X. 10"

1) \wedge This l. l. a bunch of small bugs on a slide. They're stained to show each one separately.

2) \wedge This l. l. a spider, but a blue one.

3) $\wedge > < \wedge$ The branch of a tree here, sort of tube-like in shape and gray.

4) \wedge This colored part is part of a flower, like part of a yellow orchid.

5) $> \vee \wedge$ For some reason this l. l. pink cherubs to me; like you see in your imagination or Disney cartoon.

64"

Summary

W	7	M	4
D	23	FM	2
Dd	4+2	FK	1
S	1+1	F	15 (1—)+2

R 35+3

Fc	1+3
FC'	2
FC	8
CF	2

1) (W) They are all different shaped and can l. l. anything a doctor sees in his microscope. I imagine they're colored.

W FC A

2) (?blue spider) I've never seen a blue spider but there it is, the outline and it's blue. (D1)

D FC+ A P

3) (D14) D FC'+ Pl.

4) (D15) The whole flower doesn't l. l. this. It's just a part of it. D CF Pl.

5) (D9) They look pink and cuddly. D FC+ (H)

F%	43
F+%	93
A%	37
P%	26

H + A: Hd + Ad	13:9
M:Sum C	4:6
FM + m:Fc + c + C'	2:3
W:M	7:4

Succession: between logical and rigid

ANALYSIS OF THE NORMAL PROTOCOL

The analysis presented below is *not* the usual type of report that would be relayed to the referring agency; it is *as if* the interpreter were talking out loud to himself in order to illustrate how the inferences and conclusions were reached. Suggestions for writing the report for other professional colleagues are discussed in Chapter 16.

Intellectual aspects of the personality

The first clue to this subject's ability is the vocabulary she employs to communicate her percepts. The general impression is word usage beyond the high school level and verbalizations appropriate to the context of her ideation. Other test data that reveal the adequacy of her behavior in this problem-solving situation (intelligence) are:

R—The total number of responses is adequate and discloses a fairly wide range of interests. However, the variety of contents is not exceptional since 22 of the 35 responses are assignable to the H, A, Hd, and Ad categories. The remaining 13 percepts show content variety but with no startling originality. Her productions are popular or easily organized and require average intellectual ability.

W—The six whole responses are not unusual, rather they are mostly of the popular variety, almost self-organizing; yet their number and proportion disclose an ability to attain an over-all view of problems. While Mary prefers to deal with the obvious aspects of a problem she can fill in the small details so essential for a more complete grasp of a problem. Mary tends to emphasize the minutiae at the expense of a broader, all-inclusive approach. This gives the first inkling of one mechanism being used to maintain dynamic psychological balance—meticulous intellectualizing (check F and F+ percentages and Succession).³

M—The four movement responses are ordinary. Three are popular and to be expected from the subject. The fourth (in plate IV) reveals her attitude toward authority and her weak, controlled de-

³ In this and in the succeeding chapters the text in the parentheses indicates sources or evidence for the inferences and conclusions reached by the author. The references will be to the protocol itself.

pendency feelings. Originality and unusual creativity are prominently absent.

W:M—This ratio discloses that Mary can achieve her goals since they are not set at too high a level. She can do better than her test performance seems to indicate; therefore, her present level of intellectual functioning is not entirely in keeping with her intellectual potential. This implies a slight degree of decreased intellectual efficiency which, however, is not disabling. At the level she desires to operate there is good congruence between her "drive for mastering the total situation, and . . . the degree to which personal resources are used in this effort" (552, p. 5).

F% and *F+%*—Both are adequate; 43 and 93 per cent respectively. Contact with reality and use of the objective features of the field are optimal. Fortunately Mary's interpretation of her perceptions are not as rigid as other aspects of the test findings would lead one to assume.

P and *O*—The presence of the former (26% *P*) and complete absence of *O* concepts support the growing impression that the present intellectual level is average or slightly higher. Her ability to deal with the objects, events, and phenomena of her environment meets the needs of her style of life. There is some reserve for achievement at a higher level *if the challenge were forthcoming* (as seen in testing the limits). Mitigation of the need for intellectualizing should result in decreased meticulousness and should open the way for a broader approach to problems with consequent lessened dependence on impersonality as a means to a solution. This would narrow the gap between current functioning and her potential. Mary is not so rigid as to render this goal improbable. There is an absence of stereotypy despite the seeming unimaginativeness of her percepts. (Animal percentage is low and no other category has replaced *A%* as an indication of intellectual impoverishment.)

The summary of Mary's intellectual picture is favorable in that disabling trends are not present. She is "on guard" and therefore functions somewhat less efficiently than she could with complete freedom from personal problems (but then, who would not?). Mary is in the upper limits of the average intelligence category. Her "true" ability is probably within the high average classification. She can deal with problems acceptably [can obtain an overview in addition

to the gross and essential details that make up any situation (D!! Dd+S! W)]. She is inclined at times to give undue attention to small details that could very well be overlooked with little harm to the process of problem solving. (Evidence of one mechanism at work.) Her mode of communicating (word usage) is on a higher level than the substance of her verbal reports (the content of the message) thus creating an exaggerated impression of her intellectual ability. The breadth of ideation is acceptable but not markedly rich nor varied.

Emotional aspects of the personality

Mary is a practical person, not given to fantasy living and preferring to seek solutions and act them out in the real world, the world of people which she accepts. Her self-percept is passive. If any emotional upheavals are involved they center about her reaction to others (plates IV and VII). Mary may occasionally lose control in a socially stimulating situation (CF and F—) but recovery is excellent (FC much greater than CF, F— followed by a partial recovery, while the CF percept in Card X does not appear to be vigorous).

The extravertive trend (M:Sum C 4:6) is not a new or superficial mode of behavior. Under stress, with its consequent reorganization of behavior to a chronologically earlier age level, Mary will also act out her solutions and seek actively in her environment (M:Sum C 4:6 compared with FM + m:Fc + c + C' 2:3) but her self-concept (under this condition of lowered cortical control) would be more aggressive (the FM in plate VIII is more vigorous and potentially hostile than any of the M's). Any aggression, either under undue influences or in the normal state, would be directed toward the environment, toward other persons, rather than toward herself. (The protocol is lacking in conscious self-critical remarks and the descriptions of the human figures are mostly passive, dependent, and non-committal. An inkling of outwardly directed aggression, or at least hostility, may be seen in the first response to plate IV; in card VII there is a trace of resentment in her characterization of the social stereotype of gossiping women. (Furthermore, the sequence of responses to plate IV as an indication of an area of conflict will be discussed below.) It seems that the provocation necessary to cause Mary to lose control over emotionality is not attained in the ordi-

nary course of events (absence of pure C and other signs of loss of control or serious interference with reality contact, no marked and prolonged changes in her mode of perceiving and reacting to stimuli).

As previously noted, Mary is extravertive; along with this experience balance (*Erlebnistypus*) there is an evident interest in and an ability to accept other persons in her world. However, these interpersonal relationships are inclined, for the most part, to be somewhat impersonal, formal, and rationally considered. (FC much greater than CF with no indication of more than a momentary weakening of intellectual control when faced with emotion-provoking stimuli.) However, Mary can loosen up to show some warmth in her emotional response to others. (The presence of CF which, upon analysis, proves to be less passionate, less violent, and certainly less assertive than CF concepts could be. All of this emphasizes a lack of desire and/or ability to become emotionally involved with others in her external world despite her excellent responsiveness to their stimulating values.)

Mary is emotionally dilated (M:Sum C 4:6). She is capable of responding to prompting from within (M) as well as stimulation by her surroundings (Sum C). Does she have any safeguards against the possibility of too much buffeting from her fantasy (M) and "internal drive" world (FM)? Can she inhibit overreactivity to external stimuli? The answers seem to be in the affirmative (1FK + 15F + 1(+4)Fc). Consider first the promptings from within, the drives to action, the ability to tolerate change and to reconcile self-perceptions with the role to be played in a situation. Mary is not an assertive, aggressive person. Her fantasy life is not a threat to her adjustment in the world of reality. Moreover, her basic (physical and physiological) drives are mild, passive, and lacking in urgency. While they are a source of energy for carrying on activities, they do not represent a threat to making an adequate adjustment. For these reasons it is not too essential that she have strong buffers (FK) between reality-testing function (F) and the urge to achieve in fantasy. She has grown in emotional maturity in that she exercises socially and personally acceptable control over her inner drives (M's are popular, FM's are not aggressive or hostile, while m is absent).

The other side of the coin, her tendency to act out quite easily,

needs elaboration. While the protocol reveals this disposition to seek satisfactions for her needs both within and outside herself, it is more likely that she will go in the latter direction if given the opportunity. (The M responses are popular at best, and are not creatively satisfying for Mary, so she is pushed into achieving in reality.) Her sensitivity to social amenities (Fc) is supported by an ability to demur and inhibit (FC') impulsive overreaction to the forces in her external world. It should be noted, further, that there is present an undercurrent of sensuality (four additional Fc) which is well-controlled and not likely to erupt into embarrassing proportions under ordinary circumstances. This inference is additionally borne out by her impersonal and objective manner of testing reality and responding to it in an orderly to rigid approach. This bolsters her adjustive mechanism of intellectualization by controlling the emotional component of a personal difficulty—her relationship to the symbol of the father figure (plate IV) and its topical meaning for her.

A reconsideration of Mary's performance in response to card IV may be helpful at this point (sequential analysis). Plate III reveals no signs of difficulty—the reaction and response times are within normal limits, all concepts are sharply and well perceived, popular responses are readily elicited, verbalizations are appropriate, and there is a direct and frank recognition of sexual ideation with no overt behavioral discomfort. (The ability to handle sexuality by this married woman is not unusual and certainly should not be construed as unwholesome in one who is married and the mother of a child.) The sequential-analytic picture shifts only slightly with the presentation of card IV—the reaction time is raised, but not unduly. (This time dimension is not supported by a significantly long response time; as a matter of fact, the average response time for the percepts in this plate is approximately equal to the average response time for the entire protocol.) Moreover, referring again to plate IV, the percepts are at a high level of form accuracy. The noticeable deviation is in the ideational content of the first response: "A giant walking toward me, he's quite hairy all over. This thing in the middle (D1) does not seem to fit into the picture at all." An area of interpersonal difficulty comes to the fore. The "giant" represents an attitude of insecurity in her relations with a significant male figure. It should not be inferred from this response alone that the "giant"

symbolizes father, brother, husband, even mother or another facet of her own self-percept. The answer lies with Mary and her own interpretation *as well as* her case history. The second and third concepts in this plate are objectively perceived (both F+) but the content may be symbolically rewarding (especially for the analytically oriented interpreter)—the use of the previously rejected D1 which now turns out to be the “head of a bull” with “bulging eyes” (note that D1 was a source of irritation to Mary in that she was unable to fit it into the over-all engram of the first concept. The position and form of D1 is suggestively phallic and differs from the previous mode of handling such associations, as in plate III, response 4. This possible phallic rejection is related to the male figure and its meaning for her. The avoidance of the use of this detail in connection with the threatening significant male figure strongly implies an inability or unwillingness to accept sexuality in the particular setting of the personal significance of the male figure.⁴ Where this ego involvement is not dominant and in situations in which she can accept the male figure (as in plate III), sexual ideation is nonthreatening and can be handled more objectively and detachedly. In Card IV, however, topical symbolism engenders imminent anxiety. Mary must protect herself, and she does this by means of the mechanism of evasion—“This thing in the middle does not seem to fit into the picture at all”—which alleviates the *immediate* threat but is not sufficient for complete release from the fear of consequences. An inference may also be made that her ambivalent attitude toward the male figure symbol has imbedded in it an unhealthy sexual component.

A favorable note must be introduced into this conjecture of a “soft” spot in Mary’s personality structure; her recoverability from stress. This process of recovery is the mechanism of intellectualization at work. It is *as if* Mary must react to the forces in her phe-

⁴ This appears to be contradictory to the previous characterization of Mary’s ability to deal directly and frankly with sex ideas. While this is true, there is no reason to assume that contradictory trends cannot exist side by side within the same individual. Not only may these contradictions arise out of the varying aspects of the self-percept of the individual in different situations (without implying a lack of consistency since this attribute of consistency is a function of the individual *in a situation*), but these inconsistencies of attitudes need not be incapacitating. For example, a person who is prejudiced against a minority can function very well in his social milieu even if it becomes necessary for him to deal occasionally with a member of the minority group.

nomenological field but sticks closely to the facts as a means of avoiding subjective productivity and what this unguided train of ideas might elicit. Complete recovery and the protective armor of reality contact follows in her responses to card V.

Interestingly enough, her performance in plates VI and VII is adequate. She displays a sensitivity to social demands, insight, and a grudging acceptance of the social stereotype of the female figure. There may be some contempt in her response to card VII: "This is two women talking to each other, reminds me of women who are always supposed to be gossiping over the backyard fences." The possibility also arises that she resents this too-inclusive generalization about women. In either event, she is not disturbed.

In sum, Mary is a fairly well-adjusted person with no disabling incompatible trends to interfere with her getting along acceptably in her social milieu. She is emotionally dilated, can relate well to other persons in her environment, and is not given to emotional outbursts or impulsive behavior. She is quite sensitive to social demands and is capable of exerting sufficient restraint to keep from overreacting to external forces. Her basic drives are not intense and she has a passive and submissive conception of her own role in life. Under stress she functions a bit less efficiently and maturely than usual but recovers readily. Resort to mechanisms of intellectualization and evasion (or denial) appear in the event of ideation involving a particular male figure perception (father? husband? son? brother? or some other masculine facet of her own self-percept?). On this note ends the evaluation of Mary's protocol.

It may thus be seen that normalcy is not a passive state of the organism, it is a process state empirically identified in terms of the absence of crippling inefficiencies and the presence of a constant flux that eventuates in the maintenance of homeostasis—a dynamic procedure that abhors the vacuum of *status quo*.

Chapter 14

THE COST OF DYNAMIC HOMEOSTASIS: THE NEUROTIC PERSONALITY

S. R. was referred to the author by his family physician for help with "an adjustment problem." This case is interesting because it illustrates the struggle of the neurotic to maintain a psychological balance among the forces that are constantly impinging upon him and driving him on in a search for security, happiness, and surcease from unremitting tension.

This forty-three-year-old male is married, has a college education, and is a high school teacher of chemistry in a large east-coast school system. His chief complaint: "I'm up and down too quickly for no sensible reason most of the time. I'll go along feeling on top of the world and then someone says something, usually trifling, it may have no importance, and I'll go down into the dumps. Many times I slip down for no apparent reason, at least for no reason on which I can put my finger. It isn't normal, either I'm happy or sad but I can't seem to be in between for any length of time." Other complaints include lack of friends and an inability to get along with people. The case history is replete with social failure in his youth, at present, and in his relations with his wife and child. He worked hard to obtain his professional education and always paid a high price to maintain some degree of stability in an ever threatening world. He served in World War II as an officer and was separated because of emotional instability. The following is S. R.'s Rorschach protocol:

RORSCHACH PROTOCOL

I. 3"

1) \wedge This l. l. a bat.

1) The whole thing. It's gliding to a stop, to alight on something. W FM+ A P

2) \wedge This middle part l. l. a woman. She seems to be standing with her hands up, as if in prayer—a headless woman.

3) $>$ Can I turn the card? Well, this side l. l., or at least reminds me, of a donkey. Sort of a Walt Disney animal.

4) \vee This l. l. an officer's insignia, a large eagle.

5) $\vee < \wedge$ A cat's face—cross-eyed cat at that!

187"

2) You can see her body through the skirt. (?body) The darker part. (D4) D M+, Fc Hd P

3) Its ears are long and I get the impression it's turned its head, cocked is the term, as if listening to Pedro to urge it on. (D2) D FM+ A

4) (W) The details are not clear but that's my total impression when I hold the card this way. W F+ Emb.

5) Here are the eyes and mouth, it's shaped remarkably like one. (WS) WS F+ Ad
(1a. \vee This l. l. the head of Abe Lincoln. (D6) D F+ Hd)

II. 5"

1) \wedge This resembles two circus clowns in colorful costume.

2) \wedge Now I see two . . . bears, up to the shoulder.

3) \vee This l. l. a top.

4) \vee Old Man of the mountain statue.

5) \vee The red l. l. flames of an explosion going off.

1) (W) They are playing a game like clapping hands. They have red and black costumes.

W M+, FC, FC' H P

2) L. l. pictures of bears, I don't know what this thing between the nose parts is for. (D6) D F+ Ad P

3) It's shaped exactly like one. (S) S F+ Obj.

4) (Dd22) L. l. a carving seen in the mountains outside of Atlanta. Dd F+ Obj.

5) L. l. it's exploding and that is the vivid coloring shooting up. (D3) D C, m Expl.

6)∨L. 1. two wire-haired terriers. Looks as if they're sniffing each other.

178"

III. 4"

1)∧ Two actors doing an Alphonse and Gaston politeness act.

2)∧ A red bowtie in the center.

3)∧ VA negroid head.

4)>A fish.

87"

IV. 10"

1)∧∨∧L. 1. a huge ape with his barrel chest puffed up and arms akimbo. He seems to be approaching me.

2)∧ That 1. 1. a snake.

3>∨∧ That's an orchid.

155"

6) (D6) These really look alive, ears perked up. (?wire-haired) Jagged edges and stripe-like effect here. D FM+, cF Ad

1) They're bowing to each other—it must be a stage and these red are curtain decorations. (W) W M+, CF H O

2) L. 1. it. I'm a bowtie disliker myself. (D3) D FC+ Clo. P

3) (D4) The head is shaped exactly as a negro's. Even the close-cropped hair and the coloring. (?coloring) It's black.

D FC+ Hd

4) (D5) Just like a fish swimming in the water. D FM+ A (1a. ∧L. 1. a red rooster. I never saw one so red all over but it does remind me of it. (D2) (D FC+ A)

1) (W) He's a hairy monster, it's enough to scare you. That threatening stance. I don't know what this might be (D1), can't be a tail, perhaps a tree behind him. W FM cF A

2) The shape of it. (D4) D F+ A

3) (D3) You can see the fine pistils in it. It's delicately shaped and shaded. D Fc+ Pl.

V. 2"

1) \wedge That's a bat, too.

1) (W) It's shaped like one and it is the same dark color.

W FC' A P

2) $\wedge > \wedge V \wedge$ L. l. a pair of pliers.

2) (D3) Either that or a nut cracker. D F+ Obj.

3) $>$ A woman's leg.

3) The calf effect here makes it l. l. a woman's leg. (D10)

66"

D F+ Hd

VI. 12"

1) \wedge That's a totem pole up on top.

1) (D3) I've seen these in some of my travels; the wings are especially characteristic. D F+ Obj.

2) $>$ A submarine surfacing, the conning tower looks quite realistic.

2) It's at sea; the camouflage is very good. All battleship gray, like the ocean. (D4)

D FC'+ Obj.

3) $>$ \vee An animal skin, I'd say a bear skin rug.

3) (W) The whole thing. (?skin) A fur skin. (?fur) These mottled effects. (?mottled) Shadings here.

W Fc+ AObj P

4) \wedge L. l. a bed post in here.

4) (D2) Shaped exactly like one. D F+ Obj.

5) \wedge This bottom l. l. a photo of some island or other. It's not too definite, in fact it's quite vague.

5) (D1) It's vague, I guess it's the type of map taken from composite aerial photos. You can see the mountains and valleys. (?) These dark and light areas.

D FK, kF Geo.

158"

VII. 16"

1) \wedge L. l. clouds.

1) All of these are different shaped clouds. (W) (?clouds) Fluffy, seem to be floating.

W KF, m Cl

2) ^ This is a walnut kernel.

2) (D6) Shaped just like it, as if one half is opened up.

Dd F+ Fd

3) ^ V This is a medical corps insignia.

3) (light Dr on top) I've seen 'em on army medics and nurses. Caduceus, I believe.

Dr F+ Emb.

4) V L. 1. a bust of George Washington.

4) Just the outline of the head with its bobbed hair. (SW)

SW F+ (Hd)

5) ^ Now I see two figures, like women. They seem to be stereotypes of gossipers, like as if they are pointing in different directions, but looking at each other.

5) (D2) Just like 'em, seems to be going in two directions at once.

D M+ H P

190"

VIII. 3"

1) ^ Two animals on the side.

1) I'd say they were bears, like as if they're walking or getting ready to spring on some prey. (D1)

D FM A P

2) ^ Two blue flags.

2) I don't know what they symbolize but they are crossed flags. (?) Color and shape.

D FC+ Emb.

3) ^ L. 1. strawberry icecream down here.

3) (D6) Color of it.

D C Fd

4) ^ This 1. 1. a ghost.

78"

4) (Dd25) Vague outline as if it were a ghostly, shrouded figure.

Dd F+ (H)

IX. 9"

1) ^ V ^ VA cello here.

1) (S in middle) It's shaped very much like one.

S F+ Obj.

2) V > Mark Twain's head nicely portrayed.

3) > V ^ Antlers of a deer.

4) ^ Spine.

62"

2) (D4) Complete even to the mustache and light hair.

D Fc+ Hd P

3) (D7) Shape and color.

D FC+ Ad

4) (D5) L. l. an X-ray of the spine.

D Fk X-ray

(1a. ^ This (D3) l. l. a pregnant woman, here's her swollen stomach.

D F— H)

X. 3"

1) ^ A rabbit's head.

1) (D5) Here are the two ears, nose and mouth. (?nose) White half circle and darker eyes.

D Fc, FC' Ad P

2) ^ L. l. a spider here.

2) Looks all legs attached to a round body; it's crawling.

D FM+ A P

3) ^ Two blue birds, looks as if they are flying in formation.

3) (D6) The color and shape.

D FC, FM A

4) ^ Pawnbroker's sign.

4) The gold color especially. (D3)

D FC Obj

5) ^ This l. l. a tooth.

5) (Dd34)

Dd F+ At

6) ^ Just like a caterpillar down here.

6) It's colored. (D4)

D FC+ A

74"

Summary

W	9+1	M	4	C'	3+2	F%	35		
D	28+3	FM	7+1	FC	6+2	F+%	100		
Dd	5	m	0+2	C	2	A%	33		
S	3+1	k	1+1			P%	27		
R	45+5	K	1			O	1+		
		FK	1			H+A:Hd+Ad		14:10	
		F	16+2			M:Sum C		4:6	
		Fc	4+1			FM+m : Fc+c+C'		7:6	
		c	0+2			W:M		9:4	

Succession: between logical and rigid.

ANALYSIS OF THE NEUROTIC PROTOCOL

The following is an analysis of this record. It is not intended as a final report but illustrates how the interpreter would go about teasing out the various facets of S. R.'s personality structure in an effort to understand the dynamics involved.¹

Intellectual aspects of the personality

S. R.'s intellectual potentialities are very superior. His form level rating is maximal (100% F+) indicating a highly developed critical faculty. (This is also borne out by the nature of his professional work in chemistry requiring exactness to a high degree.) S. R.'s superior potential calls for an abundance of inner resources (M), and it is precisely here that the first indication is found that all is not well in his personality make-up. (The four movement responses with human content are, for the most part, popular concepts. The

¹ The author administered and scored the above protocol and the one detailed in the previous chapter. The subjects are married to each other. They were given the Rorschach test as part of the larger problem of ascertaining possible causes of marital discord preliminary to counseling and individual therapy. In some respects both records read alike but there are significant differences to enable the student to note the neurotic make-up of S. R. as contrasted with the relatively stable picture of Mary R. The author wishes to thank Mrs. Margaret Stiff for her assistance with the case of S. R.

action expressed are prayer, bowing down, clapping hands, and gossiping. The first two are decidedly submissive while the other two are a bit more outgoing but not vigorously so. He is thus an unaggressive exacting person.) His W responses show a quantity and quality at the average level and are not up to his possibilities. There is only one good original W response that uses a popular concept as its base. In those plates with difficult W's he apparently does not even make the attempt to do better than average, showing that he is not striving to achieve above his present level as represented by four M. Variety of content is wide, but here again the impression is gained that he is dampening his natural spontaneity (35% F in an emotionally expansive context implied by the M:Sum C of 4:6).

Intellectual efficiency is apparently stressed above everything else by S. R. (F+ is 100%, high and consistent). That he is too effective in controlling interpersonal relationships is evidenced by high FC. An indication that his efficiency is not maximal is the presence of only four M responses and the dominance of basic drives (7FM as compared with 4M) which interfere with a more fully mature and creative responsiveness on his part. While intellectual impairment is evident in this protocol the current functioning level is not so low as to characterize his being incapacitated.

He can deal with the practical aspects of living, recognizing them for what they are and disposing of them in a logical manner. At times, however, he tends to lose himself in details and is unable to grasp an entire problem (approach: Dd!! D! W), he loses efficiency. (Card X, for this subject, should not have proved too difficult for some sort of W response; yet it was not forthcoming.) This suggests that he does not strive for achievement when challenged, being satisfied to go along at this lowered rate and to deal with separate problems individually. While he reasons effectively with abstract concepts he prefers to do only the obviously necessary organizing and grouping; he does not choose to take a chance on anything whose outcome he is not certain. The mechanism S. R. must employ for maintaining homeostasis may be classified, thus far, as intellectualizing (100% F+, overemphasis of Dd, meticulous turning of the cards to make certain all aspects of the problems are covered, and the preciseness of his elaborateness to ensure that the examiner understands he is aware of the inaccuracies in the blots), and ration-

alization (a form of intellectualization with an element of self-protection from facing imminent unpleasantness).

His ability to think along conventional lines is highly developed (as shown by his popular responses). That he prefers to function in this manner is reflected in the fact that the popular responses are the first ones to be given in each card with the exception of those plates in which he was blocked so that they did not appear until later. (Card IV so upset him that S. R. did not give the popular concept at all, although he was able to elicit them in all the other cards.) Plates VI and VII also held threatening and disturbing portent for S. R. so that he produced inefficiently at first; his mode of perceiving obviously mirrors his anxiety and lowered effectiveness. It appears that intellectual adequacy suffers when S. R. is faced with the necessity of dealing with parent or authoritative symbols, and with sex-related ideas.

While S. R. sometimes produces an original idea, this is not his strongest sphere of endeavor by any means. Range of interests is wide quantitatively but there should be greater variety. (A and Obj. categories contain over 50% of the total R, adding H percepts raises the proportion to approximately 67%. A Ph.D. in chemistry should be able to do so much better.) Level of aspiration is not consistent with his abilities.

Intellectually he is tied to reality very strongly (26% P; form level extremely accurate; human concepts are vital and alive; good FC combinations; and all responses are easily within the range of possibility, i.e., they are not bizarre). The tie is so rigidly ingrained that conflictual material comes to the surface with difficulty, i.e., the weakening of control has to run its course before S. R. explodes into a deterioratedly violent and inefficient reaction (response 5 in plate II, "The red l. l. flames of an explosion going off," toward the end of the total productivity).

Affective elements

The availability of inner resources for adjustment is a soft spot in S. R.'s psychological repertoire. His drives to self-actualization are weak and submissive rather than strong and aggressive; the same is true of his basic drives. The former (M) are less available for constructive, wholesome use because of interference with the more

mature discharge of energy offered by the latter drives (FM greater than M). He perceives his world as hostile and unfriendly (3S in an extraversive setting) yet he leans upon it for satisfaction of his dependency needs. Ordinarily he controls the drive to satisfy his need for recognition, (Fc), but under pressure he sheds this impersonal sensitivity and compliance with the demands of society to become crudely and grossly sensuous (c) in his drive for satisfaction of his need for affection from his external world. There is little satisfaction for him in his private, autistic world, therefore he must go outside of himself. His energy is directing him into his external world and when this becomes excessive he acts out violently. He is aware, though, of social amenities and does try to inhibit himself. That he does have conflict caused by the frustration of his drives is evidenced by an explosive m concept. He would like very much to disrupt the present state of things and change them around to suit himself.

There is reason to believe that S. R.'s extraversive orientation is a recent development (FM+ m:Fc+ c+ C' is 7:6 as compared with 4:6 for M:Sum C; note that the high Sum C is due to the two pure C responses so that the extraversiveness is due more to uncontrollable impulsiveness than to wholesome and warm interpersonal relationships). This contention is also enhanced by the fact that movement and form responses are always given first to a card, never the color. He is not visibly disturbed by the colored plates, as seen in the absence of qualitative remarks to that effect and the consistency of good form level. (However, it should not be overlooked that S. R. may have been tested during a period of cyclothymic transition between extraversive and intratensive responsiveness, especially since the Sum C is due mostly to the two pure C or emotionally deteriorated concepts). The one exception is his interpretation of the red area in plate II (D3). This isolated emotional challenge is significant of frustration and conflict. (It should be noted that uncontrolled affectivity is present in plate VIII, but in a much milder form.) This suggests that S. R.'s personal difficulty comes to the surface when two stimulating conditions are present: (1) when responding to other persons, and (2) if there is sexuality involved in his interpretation of a situation. This will be discussed further. Apparently when given an opportunity to discharge energy, his emotional explosiveness is usually less aggressive than when the defensive lid

of repression is violently removed (because of the futility of the repressive process in some extreme instances). (Note the responsiveness in plate VIII as compared with his performance in card II.) This leads to the inference that controlling forces in S. R.'s emotional reactivity are almost as strong as in the intellectual area. (All responses have form control except the two pure, color-determined concepts.) Thus, there appears to be little capacity for entering into warm emotional and spontaneous relationships with other people. He reacts either objectively and impersonally or he swings to the other extreme to become completely uncontrolled. The former appears to be the more usual mode of life, but there are those periods during which he responds in a "wild" sort of way. The latter uncontrolled behavior seems to emerge when the field proves too threatening for him. The picture now unfolds to include two more mechanisms at work: (3) repression dominates his ordinary way of life, thus depriving him of the opportunity to make warm interpersonal and emotionally satisfying ties. Related to this repressive process is S. R.'s compulsivity—a need to indulge in idea-absorbing activities in order to support the repressive process and keep ego-alien material from coming to the level of awareness. The fourth adjustive mechanism at work is a "flight into reality" which represents for S. R. a means of acting out against the environment his pent-up hostility (pure C and S). The impression is gained that if pushed^e hard enough he might be drastic in his actions, caring for nobody, including himself, and doing violence in the process.

S. R. appears to be extremely critical both of himself and of other persons. His motto might be: "There is no excuse." His conception of his own life role is another source of difficulty. Of his moving figures (the indices to his self-percept) two are women and two are men. The women are clearly defined, while the men are clowns and actors, thus disguised. The women are interpreted as being submissive, devoted to prayer and womanly gossip. The men are costumed and clapping their hands, an activity which is not aggressive. Perhaps S. R. is inclined to act a role rather than be himself (and so he interprets the blot-associated males as actors rather than playing their real selves).

While his human figures are clear as to what they are doing, their moods and affects are less certain. However, there is unattached

anxiety associated with his responsiveness to the female representation. This relationship needs further probing. Closer analysis of plate VII sheds some light on his attitudes and consequently his own conception of role taking. The female figures in this plate are submissive and at the same time stereotyped as gossipers. That he is greatly disturbed by the female concept is also revealed by his long reaction time. The first response is "clouds," an anxiety indicator; then "walnut kernel," suggesting that the anxiety is engendered by the female sexual concept. Finally, after two more responses which do not appear to be particularly significant, comes the "gossipers" which, if seen at all, is frequently the first response to the plate. It is interesting to note that his only F— response is contained in a reference to a female percept, viz., "pregnant women," in plate IX given as an additional response. This mode of perceiving the female concept is seriously impairing his intellectual and emotional responsiveness (as indicated by the sudden appearance of F— as a determinant).

His attitude toward men is also unwholesome. Card IV clearly evidences this. The father figure is fearful and threatening. He is seen as a "hairy ape." Other men in action are seen as clowns and actors. This suggests a lack of clarity of his own role as a male and perhaps an unwillingness fully to accept his own masculine role. The fact that maleness and femaleness (and the masculinity and femininity involved) threaten him so much may be related to his attitude regarding heterosexuality as an activity. He may find it a disturbing notion because of his interpretation of heterosexual activity as an act of aggression (or at least one in which the male must be ascendant) that is incompatible with his own self-percept as a passive individual. This is not society's definition of the male role in sex activity, i.e., to be passive and a male. He therefore feels uncomfortable when faced with the necessity of assuming the expected role because of the conflict between the need to be accepted by himself and by society. His passiveness might suggest the possibility of homosexual interests. Little wonder that dependent S. R. approaches his environment with a great deal of caution in the search for affection and recognition.

S. R. is a man of superior intelligence, with concomitant intellectual possibilities, who feels visibly disturbed by women and

threatened by the father figure. He has been forced into reacting in an intellectualized and compulsive manner in order to alleviate and/or avoid anxiety. When faced with emotion-arousing situations as projected onto the blots he gives his best performance first and then gradually lapses into lack of control. He takes refuge in a burst of aggression to relieve unendurable tension. Furthermore, he employs another neurotic method of coping with anticipated and actual anxiety feelings, viz., empathy is not stressed thus avoiding emotional relationships that might bring unpleasantness. His strong points are his ties to reality and the fact that he is intellectually efficient under most circumstances under which he will operate in his present socioeconomic situation. The over-all mood is not definite, though the prevailing mood at the time of testing was somewhat depressed. (Blot concepts are not seen as being spontaneously happy and there are several dysphoric, C', responses. The latter, of course, act as a brake on less than severe provocation to impulsive behavior and therefore have their value for S. R.)

ADDENDUM

At this point it does not become too difficult to understand S. R.'s life history, his complaints, his attitudes, and his way of life. He is aware of his inability to get along with people, that he is lonesome, that he has mood swings that are uncomfortable and a source of unhappiness. He does not understand these attitudes and reactions as dynamic processes that have an economy and a purpose, that they keep him functioning as he does, even with lowered efficiency, rather than resulting in a complete breakdown and in zero functioning efficiency. From the point of view of society the cost is high, for S. R. the cost is negligible as compared with the alternative of breakdown and personal failure.

Chapter 15

MECHANISMS OF FUTILITY: THE PSYCHOTIC PROCESS

Observation of the behavior of the seriously mentally ill person leaves little doubt as to the failure of the "less than extreme" use of adjustive mechanisms. It is difficult to present a typical psychotic protocol just as it is unusual to speak in terms of the typical psychotic person. The behavioral manifestations vary from the incipient psychotic, through the ambulatory disturbed patient, reaching the extreme in the chronic, deteriorated and obviously ill individual who requires no testing for classification.

The protocol of I. A., a thirty-four-year old married male, father of two children, and educated through high school, is interesting because it exemplifies the lack of *exact* congruence between Rorschach performance and other clinical tests. His chief complaint is: "People say that I do not like them. I hate people. I even hate myself." Other complaints include an extreme "hate for the Jews" (I. A. is Jewish), dislike of a utility company for refusing to give him service, and "no use for my wife and children." He was given the Wechsler-Bellevue Intelligence Scale for Adults, form 1; Sentence Completion Test; Draw-a-Person Test; and the T.A.T. All of the test findings will be presented in brief form prior to the Rorschach protocol:

WECHSLER-BELLEVUE INTELLIGENCE SCALE

Test	W. S.	Remarks
Inf.	15	Overrideational, verbose
Comp.	7	Extreme pressure to speak. I. Envelope: "Put it in your pocket, go home, and see if there's

money in it. I used to do otherwise, mail it. Honesty does not pay any more. I do not believe in being good." Then repeated this in French. Uneven productivity on this entire sub-test.

D. Sp.	10
Arith.	7
Sim.	13
V	12
PA	11
PC	10
BD	10
OA	11
D.Sy.	11

"This is interesting, I'm in a good mood today." Responses were generally short and to the point.

Verbal I. Q.	109
Perf. I. Q.	110
Full I. Q.	110

The over-all performance is irregular. Failure is followed by a diatribe against Jews, the United States of America, the utility company, and other irrelevancies.

DRAW-A-PERSON TEST

Remarks: The male figure expresses I. A.'s attitude toward people. The drawings are essentially as barren as his own mentation. The facial features suggest a paranoid trend with aggression directed toward the environment overtly, and toward himself covertly. The former is quite obvious. The latter may be inferred from the heavy band around the neckline suggesting self-decapitation and elimination. The patient is hostile and the figures express it. The female figure is especially childish and presents psychotic features in its entirety.

SENTENCE COMPLETION TEST

A summary of the expressed attitudes in various areas:

Family—rejection of his own and parental family members with a great deal of hostility.

Past—as a youngster he was always happy when alone, dreaded having to come home.

Drives—unable to accept a challenge, strong conflict between the need to consider others and to please only himself.

DRAW-A-PERSON TEST

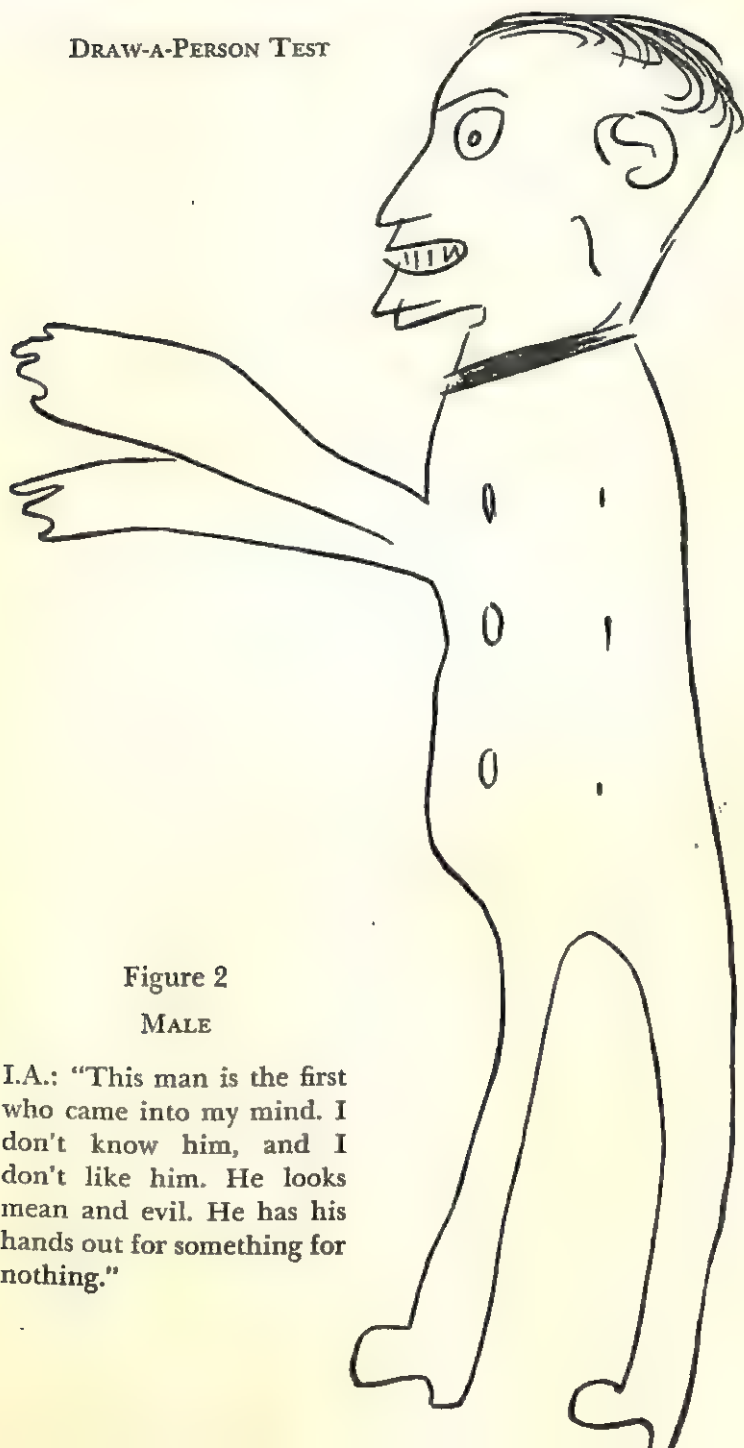


Figure 2

MALE

I.A.: "This man is the first who came into my mind. I don't know him, and I don't like him. He looks mean and evil. He has his hands out for something for nothing."



Figure 3

FEMALE

I.A.: "This is supposed to be a woman. It's the best I can do."

Inner states—(Contradictory and ambivalent attitudes are expressed here.) He is emotionally labile; despite his dislike for his home, he does want to be at home and is actually afraid to stay away from his family, decries being alive and is afraid of being alone.

Goals—I.A. is a nihilist, wants to devote himself to annoying people (how is this related to his fear of being alone?), a great deal of confused thinking is immediately evident from the test items in this area.

Values—in this area I. A. is contradictory and shows extreme confusion of what factors in life hold value and meaning for him.

Energy—not much at best, uneven in expenditure of effort, but usually gives in when faced with a difficult problem.

Outlook—sees the future as hard, bad, and full of grave discouragement.

Reaction to others—poor, confused, hostile.

Interpretation of reaction of other persons to him—thinks other people regard him as kind, there are occasional flashes of insight.

Thus far it is not difficult to arrive at some inferences regarding the personality structure, and his modes of experiencing and behaving.

RORSCHACH PROTOCOL

I. 4"

1) ^ This is a bat.

1) It's gloomy, the black color, it's not cheerful, looks dead to me. (W) W FC' A P

2) ^ It also l. l. the inside of a walnut; and am I right?

2) The ragged edges. I'm looking at the center of one half of a nut. (W) W F— Fd

3) ^ L. l. a bug.
35"

3) (denies this response—
W F A)

II. 7"

1) ^ This l. l. inside the mouth of a lion or big animal.

1) (WS) I'm looking into the mouth here (S) and the rest is the head. WS FC, Fm Ad

2) ^ This l. l. an X-ray picture of something . . . the lungs, I believe.

2) It's a negative film like a doctor uses. (W) W Fk X-ray

3) \wedge Also l. l. two dogs' heads.

40"

3) They're standing in an upright position, almost rubbing noses. (D6) D FM+ Ad P

III. 3"

1) \wedge These (D6) l. l. ostriches.

1) Exactly as I've seen them in the Central Park Zoo, the heads of the ostriches. Do F+ Adx

2) \wedge L. l. two men sitting, one on each side.

2) (D1) They look as if they are about to get up from a sitting down position—a rocking chair—they are raising themselves up.

30"

D M+ H P

IV. 10"

1) \wedge This l. l. a bat.

1) (W) The shape of it—but it's an ugly black bat and it's a dead one. W FC' A

2) $\vee \wedge$ Also l. l. the inside of a walnut.

2) (W) The ragged shape reminds me of it. W F— Fd

3) \wedge L. l. lungs.

37"

3) It's like the other one I saw—an X-ray of lungs. (Di in D7)

Di Fk X-ray

V. 7"

1) \wedge L. l. a butterfly.

1) (W) It's flying or gliding through the air. W FM+ A P

2) \vee Now it l. l. a bat, a small baby bat.

25"

2) (W) It's sprawled out and I get the feeling it's flying, wobbly-like. W FM+ A P

VI. 7"

1) \wedge The top l. l. . . . a caterpillar.

1) (D7) (points to portion of blot very carefully and identifies it again as a caterpillar) D F+ A

28"

VII. 14"

1) \wedge What the hell is this! . . . L. l. two small bears, Teddy bears.

1) (D1) It's just the head and face of a bear cub. D F+ Ad

2) \wedge L. l. clouds, rain clouds.
32"

2) (W) The picture is gloomy,
not bright, black clouds.
W KF, C'F Cl

VIII. 5"

1) \wedge That's pretty . . . these l. l. squirrels on each side, they're sneaking up on something.

1) (D1) (points to the blot area but comments only, "The red ones.") D FM+ A P

2) \wedge Fir, f-i-r, tree.
26"

2) (D4) The shape and the color green makes it l. l. a tree.
D FC+ Pl

IX. 15"

1) \wedge Gee! I don't know what this l. l. . . . It l. l. the inside of a person, internal view, got all kinds of colors, lungs, ribs, neck, kidneys—all the right colors.
45"

1) (W) I remember this from my biology. One thing equal to some things are equal to each other. (Does not explain this irrelevancy.) W C/F— At

X. 13"

1) \wedge A crab.

1) It's very active, moving about. (D1)

D FM+ A P

2) \wedge This l. l. two moles biting into a tree.

2) (D8) Seems as if they are trying to sharpen their teeth on the bark of the tree.

D FM+ A

3) \wedge This l. l. a rabbit's head.

3) I couldn't draw one better than this myself. (D5)

D F+ Ad P

4) \wedge This l. l. two birds in flight.
56"

4) (D6) They seem to be flying together in formation.

D FM+ A

Summary

W	10 + 1	M	1	F%	20	
D	11	FM	7 + 2	F + %	67	
Dd + S	1 + 1	Fm	0 + 1	A%	63	
R	22 + 2	Fk	2	P%	32	
		KF	1	H + A:HG + Ad		10:5
		F	6 + 1	M:Sum C		1:2
		FC'	2	FM + m:Fc + c + C'		6:2
		C'F	0 + 1	W:M		10:1
		FC	2	Succession:		Rigid
		C/F	1(—)			

The behavior of the patient is just as revealing as his verbalizations and test findings. The following is an analysis and report of all the test data as made to the referring psychiatrist:

Examination of intellectual processes

Patient obtained a full-scale I.Q. of 110 which places him in the upper limits of the average adult level of intelligence. There is no difference between his verbal and performance results. This is not a true picture of his native capacity. He is capable of doing as well as the high average or bright normal individual. He did very poorly in the comprehension items. This was due to his hostile attitude rather than his lack of knowledge. For example, on the envelope item he replied as follows: "Put it in your pocket, go home and see if there's money in it. I used to do otherwise, mail it. Honesty does not pay any more. If you put it back you're a nice guy but I don't believe in being a nice guy." This type of reasoning characterized most of his responses to the items. This reflects his antagonism more than his lack of judgment. Furthermore, it is more serious in view of the fact that he does apparently know the right thing to do from the ethical desideratum but harbors thoughts of doing just the opposite. His bitterness is not covered up; on the contrary, it is very much on the surface and comes out at the slightest opportunity.

During the testing he displays tangential thinking and functions quite unevenly. He intersperses facetious remarks with sober re-

sponses to individual questions. For no ascertainable reason he breaks into his answers with irrelevant remarks, e.g., tirades against Jews, people in general, request for a telephone, and a request for a position in South America. This is a frequent occurrence. He constantly seeks approval and encouragement from the examiner. He attempts to "beat" the examiner to the completion of a problem so that he could snap out the responses in shorter time. He feels he is in a race against time.

The test pattern and intratest analysis suggests that we are dealing with a psychotic personality involvement and that the patient is functioning rather tenuously in the environment—probably an ambulatory schizophrenic, paranoid reaction type. Intellectual efficiency is being markedly impaired.

Examination of personality structure and dynamics

The projective tests reveal an individual who has quality ambition beyond his ability to achieve. Constructive planfulness so necessary for positive productivity is absent, thus leaving the subject bereft of resources for emotional stability, inner creativeness, and intellectual control. When he "leaves off" going beyond his intellectual depth, he can perceive concrete details. The progression from the "bird's-eye view" (W) to an interest in the "near at hand" (D) aspects of problems represents a step down for the patient rather than a critical and analytical approach to coping with these problems.

He has a great deal of drive which is pushing him to find some outlet. Some of it is being released in social reactivity, but the greater portion finds expression as vague and generalized free-floating anxiety. He is unable to absorb any of the energy in creative productivity or in fantasy. The outward signs of his ventilation of energy may be seen in his psychomotor restlessness and press of speech. He is constantly on the go and makes anyone in his immediate vicinity the recipient of verbal tirades. While he is emotionally puerile he does try to control its social expression until it piles up and he becomes explosively labile.

At present the patient is attempting to intellectualize his anxiety so that he might be able to deal with it. He is not successful because of his lack of insight into the nature of his conflicts. The chiaro-

scuro elements in his concept formation (of the Rorschach) further reveal active repression and an associated atypical depression.

Despite overt restlessness and garrulousness, the patient maintains a cautious and guarded attitude toward his environment. He does take cognizance of outer reality and tries to limit the freedom and violence of his emotionality. Obviously he is not always successful. Ideationally, he is quite sterile, a fact which his verbosity fails to mask. He enters new situations with some enthusiasm but uses only a superficial rather than critical approach. The only concern he may show regarding his percepts is in terms of a need for reassurance rather than an intelligent evaluation of his ideas. Disturbing stimuli bring about a cautious reactivity coupled with anxiety features. He does not readily identify with people but his extravertive inclination literally forces him to empathize. He compromises this press by seeing his human figures in less than acceptable modes, viz., "half-man and half-ostrich." The anxiety trend becomes most pronounced, reflecting severe neurotic disturbance, when sex-associated engrams are elicited (as in the Rorschach plates). In a basically psychotic structure this is a favorable element indicating that the break is not complete and that I. A. is still sufficiently "in contact" to be concerned about his behavior, overt and ideational. His greatest difficulty is in the area of accepting the female concept. (The usual penile concept is disguised and therefore acceptable. In card VII this is seen more clearly—the first response is derogatory and in effect renders the association quite harmless, to be followed by a percept that mirrors the extent of his free-floating anxiety as engendered by the preceding idea. The second response also indicates the extent to which female ideation renders him unable to intellectualize and concretize his feelings.)

The male and female figures he drew express his attitude toward people. The male looks "mean and evil. He has his hands out for something for nothing." With the exceptions of the facial features both are barren reproductions of his own body image. The facial features suggest a vivid suspiciousness directed toward the environment. The aggression is not at all disguised, rather it is so dramatically depicted as to be inferred quite readily. Both figures show a desire to cut off the body at the neck line as if rejecting the rest of the body and at the same time executing it. The female figure is

much poorer than the male, indicating the discomfort of female-tinged ideation. His attitudes toward women become very clear in the T.A.T. stories. "The man is crying [13MF], his wife must have died on him [laughter]. What is he crying for? *A lot of them hope for that.* His wife died. Maybe she did not have insurance and he's crying . . .," and so on in this vein. He expresses an intellectual interest in suicide and remarks that he used to think about it but "something holds me back." Another story also reveals the extent to which he cannot accept society: "This guy [card 15] looks like the chief devil and he looks like an undertaker [contamination?]. Oh, yeah! An undertaker, either praying or counting his customers on the cemetery."

I. A. seems to be incapable of taking advantage of adjustive mechanisms that might contribute to a more stable balance. He is sterile of personal resources and too tenuously in contact with reality to make beneficial use of interpersonal relationships in the process of adjusting adequately.

Summary

1. This patient has potential high average intellectual ability. He is functioning much below this level. His poor evaluation of social situations and bizarre thinking tends to impair the effectiveness of his intellectual productivity.

2. The data suggest a basic psychotic structure—ambulatory schizophrenic involvement with movement in the paranoid direction.

3. Superimposed on this basic structure may be seen a free-floating anxiety reaction.

4. It is not recommended that I. A. be considered for group therapy. He would probably be a disturbing influence in such sessions. He should be seen on an individual basis for the time being.

Chapter 16

THE TESTER'S REPORT

The value of the clinical psychologist's efforts also revolves around his ability to communicate findings to the referring agency or professional colleague. In regard to the rationale and the elements of the total report the reader is referred to Hammond and Allen (339). It is not usual for the psychologist to write a separate report for each of the tests administered in a battery (as in Chapter 15). Rather the entire series of tests, each selected and administered for a definite purpose, should be organized to answer the questions raised directly and implied by the referring source. This may range from a simple request for an evaluation of intellectual level to the complex appraisal of the personality structure for differential diagnosis, basic structure, modes of experiencing and responding to reality, and therapeutic indications. While this chapter is devoted only to the writing of the Rorschach test report, it must be understood by the reader that all other test data will ordinarily be interwoven, compared, and cited in one organized report.

THE RORSCHACH REPORT

This report, like any other, should deal with two aspects of the individual's behavior and then resolve itself into a higher order of abstraction called the *summary*. The first of these should describe the intellectual functioning of the testee while the second phase would be devoted to the affective personality picture.

Intellectual functioning

The interpreter should be able to indicate, from the protocol, the subject's present functioning efficiency and whether or not it is at

variance with his optimal level of performance. The former is found in the F+ percentage, the W:M ratio, as well as the absolute number of whole and movement responses, freedom from stereotypy (A%), and original responses. Each of these may be considered separately with a view to combining them into a smoothly reading over-all description of the intellectual maturity with which the subject meets and deals with problems. A nonscorable but vitally important contribution to intellectual status is furnished by the testee's word usage.

F+% approaching the maximum discloses the potential of the individual as he relates to objective reality and utilizes this in problem solving. The structure of the language and the level of word usage, viz., functional or categorical, *plus* the organization of the verbal symbols in a meaningful context reflect the ability to deal with verbal concepts, a valid index of intellectuality. If there is a discrepancy between past achievement (schooling, socioeconomic and occupational status) and test functioning, the examiner is in a position to make some inferences regarding ability and present efficiency. The quality and number of W's and M's contribute to the estimate of intellectual functioning efficiency. The desideratum is *not* maximum W and M but the optimal use of these factors for perceiving and organizing concepts. Best efficiency is the two W to one ratio with good form. Closely joined to this is the testee's relative freedom from impoverished and banal ideation which are mirrored in the A percentage and absolute number of discrete content categories.¹ The subject's capacity and/or ability may be higher than his current functional efficiency as seen in the uneven use of good form (F+ with some F—), an occasional original but with an emphasis on popular responses, and minimal use of movement responses. This variance should be noted and the tester must seek out the reasons for this discrepancy. This impairment should be ascribed to the interfering process, either simple maladjustment, neurotic disability, or psychotic reality loss. However, ascription is not enough, the interpreter must describe the particular functional processes which result in good, fair, or poor intellectual efficiency.

¹ The interpreter is cautioned to analyze the entire protocol to make certain that another content category is not a stereotype substitute for low A percentage.

Since intelligence may be defined in terms of the adequacy with which problems are faced and handled, it is necessary to give some consideration to the manner in which the testee meets situations in an effort to cope with them. Thorndike's attributes of abstract, social, and concrete intelligence may be derived from the Rorschach record. Abstract intelligence and the quality of this approach is seen in the proportion of W responses given by the subject. It is necessary to describe the adequacy of this abstract approach, i.e., the ability to deal with total concepts; therefore, this should be evaluated in terms of the form level and also the consistency with which the W responses are related to the objective reality of the blot stimulus. The second aspect of the approach to problems is the perception of the large details (D). This reflects the testee's handling of the concrete everyday aspects of life. Again form level accuracy is important. In order to complete the picture of intelligence, it is also necessary to see if the subject is capable of handling the smaller facets of a situation which are so essential for both constructive abstract thinking and appropriate concretistic manipulation of the environment. The social aspect of the attributes of intelligence is manifested in the human figure percepts given by the testee. If they are healthy, constructive, and wholesome, they indicate the subject's ability to relate well to social stimuli. This becomes more evident if the human figures are seen in acceptable and nonderogatory action. The testee's intelligence, of course, cannot be separated from the total personality picture.

Emotional aspects of the personality

This section of the report is best approached by a discussion of the testee's intra- and interindividual relationships. The first of these, intraindividual processes, includes the self-concept and the adjustive mechanisms essential for the maintenance of this role. Intraindividual relationships may be derived from the movement responses, the nature of the use of space, safeguards (FK) between the subject's reality-testing function (F) and promptings from within (M, FM, m), consistency of the self-concept, and the amount of subjective discomfort in the social field. It is necessary that the tester

report the nature of the subject's self-percept and how this is related to the regard for people in the social milieu. The changes in role are also important and may be obtained from the consistency or inconsistency between the $M:Sum\ C$ and the $FM+m: FC+c+C'$ ratios (see Chapter 5), i.e., do both go in the same direction or are they opposite to each other.

The testee's response to inner drives is inferred from the nature of the movement responses: The M is related to the accepted and recognized impulses: FM stems from the less acceptable, less mature motivating forces (physical and physiological): while m indicates those driving forces that are unacceptable but which are forcing their way to the level of awareness. The flexor or extensor direction of the movement is related to the passive or assertive tendencies of the individual. (These may or may not be consistently in one direction as seen by the two ratios noted above.)

The use of denial, evasion, intellectualization, or other mechanisms, to meet actual or imminent anxiety may be implied from the manner in which the testee experiences and relates himself to his world. Hostility directed inwardly against the self or outwardly in an effort to satisfy some need is derived from the use of space in an experience balance context. This leads to a consideration of the interindividual relationships and how the subject handles them.

The use of color, control of this use (FC in relation to CF and C), the ability to demur (presence of C' responses), and the nature of the human figure and animal descriptions disclose the extent and nature of the subject's interpersonal ties. Changes in the rhythm or style of responsiveness should also be noted. Breaks or changes in the testee's manner of approach to the blot stimuli serve as referents for elaborating descriptions of the testee's perceptual and behavioral processes.

Finally, all this is summed up by abstracting from the above descriptions and inferences the strengths, weaknesses, and clinical impressions regarding the testee. The question of diagnosis is an important consideration. Unless it is required by clinical team procedures, the psychologist could contribute most efficiently by giving other members of the team a behavioral description with dynamic inferences leaving diagnosis for the staff conference.

SAMPLE RORSCHACH REPORT

The following report was submitted to a local agency which referred a fourteen-year-old girl, Rose H., for psychological evaluation. The Rorschach and summary findings are included immediately below:

I. 4"

1) ^ L. l. a bat.

2) ^ (smiles) Can't find anything else. (Urged by E.) Part up here (upper half D4) l. l. the way a heart is shaped, or something.

3) ^ This part l. l. a turkey turned upside down.

54"

II. 4"

1) ^ L. l. a heart.

1) (W) The whole thing, l. l. a bat, over-all picture l. l. a bat; grayish in color. L. l. a regular bat—one that flies. (?flies) Seems to be flying, wings would have to be folded more if not flying; could be like sailing.

W FM+, FC' A P

2) Particularly this up here l. l. pictures I've seen, reminds me of it, a heart in the science books.

D F— At

3) (Dd24) L. l. it's running, no, hung up in a butcher shop; the bottom is the head. It's facing the opposite way, can't see it; shape I guess.

Dd F Ad

(1a. V) lower half D2; The sides should l. l. something but I don't know. L. l. the wind blowing, the head, eye; wind man.

Dd cF, mF N)

1) (WS) Veins and something connected with the heart. The opening (S) l. l. pictures of the heart; the color a little bit too, and the shape of the heart.

WS F/C At O—

^V^I don't know of anything else it l. l.

(1a. ^S; L. l. the beak of an A and the rest of the A; don't know what kind of A, sort of a fat one, shaped like a beak.

DS F— A contamination

(2a. ^D6; L. l. an elephant but not too much. [? parts] Ears, trunk, built something like one but not too much, one on the other side too.

D F+ A

(3a. ^D2; L. l. there should be something in these two red up here. Looks a lot like someone's hand working a puppet, of a human; face, nose, mouth, and high hat. Nothing to do with the color.

D F+ (H) O+ C̄)

35"

III. 10"

1) ^Part of it l. l. a poodle dog.

1) (D11) Nose, sort of, does not really look too much like one, just the nose, the shading helps.

DdD F—, Fc A

2) ^And a bow in the middle.

2) (D3) Shaped just like a bow, color makes it a prettier bow but I guess it would still l. l. a bow.

D F/C Clo P

3) ^Some sort of a bird.

3) (D11) Head at the top, wings. The bird is stuffed and there for exhibition, shading.

D Fc+ A

(1a. ^D10; Hand with a finger pointing [demonstrates].

D M+ Hd

(2a. \wedge D7; I saw a heart but I did not say it. All pictures are different. The shading makes it l. l. a heart.

D Fc— At

(3a. \wedge D2; Animal with a tail, looking back. The shape of it.

D FM A

(4a. \wedge D5 minus Dd26; L. l. an arm if it wasn't for this.

D F— Hd)

41"

IV. 6"

1) \wedge L. l. a heart again.

1) (W minus D2) The bottom part from the heart to wherever it's connected, the top is the top of the heart.

D F— At

2) \wedge And a boot.

2) (D2) Toe, heel, kind of small for one.

D F+ Clo.

3) \wedge Roots of a tree.

3) (Dd 26 and Dd 28) The whole middle is now the trunk if these are roots.

DdD F+ Pl

4) \wedge Icicles.

4) (D4) The way they are shaped, the way they're hanging in a downward direction.

D F N

5) \wedge A leaf.

5) (Dd 30) These things go in it, the way it's shaded, got lines in it looking something like a leaf. I changed my mind, I see the whole thing as a leaf, no, leave it as before.

Dd F+ Pl

42"

(1a.√W; L. l. something, the body of a butterfly. These l. l. sort of wings.

W F+ A)

V. 3"

1) ∧ Butterfly.

1) (W minus D10) Things that come out of here, wings, and the shape. (?) Could be on exhibition, pinned to wall.

D F+ A P

2 ∧ Legs.

2) (D1) Thicker part, could be a human leg, or an A leg too. Dog or horse leg, not shaped too distinctly.

D F+ Ad P

3) ∧ A heart again (snicker).

3) (W minus D3 and D6) The shape. When I say heart I do not mean heart-shaped, I mean the organ.

DW F—At

28"

VI. 4"

1) ∧ It l. l. a caterpillar turning into a butterfly.

1) (D3) Whiskers, head, half way between caterpillar and butterfly, it did not get 'em all. (?) It does not have all the parts of each.

D FC', Fc A

2) ∧ √Some sort of organ, body organ, I don't know what.

2) (D1) (?) Could be a heart or maybe a liver. The shape at the bottom.

DdD F— At

40"

VII. 4"

1) ∧ Heart organ.

1) (W) I don't know what made me think of it. It looks a little bit like a heart, but not too much.

W F— At

2)> Lion, when I look at it this way ^ > < this is the tail.

47"

VIII. 3"

1) ^ A heart every time.

2) < > Some sort of creature, like a rat or cat, I don't know just what.

3) ^ Rocks.

4) ^ Sort of a skeleton.

41"

IX. 14"

1) ^ V Hmmm ^ heart again.

2) ^ Icicles.

3) ^ Roots.

50"

X. 11"

1) Rats.

2) (D2) The head, mane, tail. It should be more straight, but it still l. l. a lion; shading here.

D Fc A

1) (D7) The bottom, this (yellow) l. l. the liver or heart, maybe the color.

Dd F/C At

2) (D1) The pink here, the shape, head; looks more like a cat. (?) A real one. (?) It's alive. (?) It's walking on the side as if real.

D FM+ A P

3) (half D7) On each side, just the way they are sitting there, shape and color.

Dd F/C N

4) The white and the color. (DS3)

DS FC+ At P

1) (Dr) (difficulty in selecting blot area) This is the heart.

Dr F— At, C

2) (Dd25) It comes to a point and is shaded.

Dd Fc N

3) (D5) The roots are in the ground and the bottom is the underground.

D F Pl.

1) (D8) Shape and shading, darker at the sides.

D Fc+ A

- 2) Antelope. 2) (Dd27 and Dd28) It l. l. it.
Dr F— A
- 3) Reindeer. 3) I can't see it now, did I say
that?
- 4) Stem. 4) (D14) The shape of the stem
of a tree or plant.
D F+ Pl
- 5) Leaves. 5) (D13) The color and shad-
ing.
D CF, cF Pl
- 6) Lion. 6) (D2) Shape.
D F+ A
- 7) Branches. 7) (Dd35) The shape.
Dd F Pl
(1a. D4; L. l. a heart, the shad-
ing and shape.
D Fc— At
(2a. D5; L. l. a bunny's head,
ears particularly.
D F+ Ad P)

72"

Summary

W	4 + 1	M	0 + 1
D	17 + 9	FM	2 + 1
Dd	11 + 1	mF	0 + 1
S	0 + 3	F	19 + 4

R 32 + 14

Fc	4 + 4
cF	0 + 2
FC'	1 + 1
FC	5
CF	1

F%	59
F+%	58
A%	37
P%	16

H + A:Hd + Ad	10:2
M:Sum C	0:3.5
FM + m:Fc + c + C'	2:5
W:M	4:0

Succession: orderly to rigid
with definite confusion when
upset.

This fourteen-year-old young lady was given the Rorschach Ink Blot Test and Draw-A-Figure Test on March 17, 1953. Her test behavior was co-operative and she manifested some interest in the

proceedings. There was very little overt indication of anxiety and only one protest was forthcoming when she told examiner that she could not draw and therefore could not complete the figure drawing test. After some reassurance she complied with the instruction.

Intellectual aspects of the personality

Rose's functioning efficiency is poor, markedly impaired by a pathological process which is not, as yet, overtly manifest. The nature of her responses to the blot stimuli strongly suggest a psychotic-like development.

Her ties to reality are vacillating and tenuous. Her ability to solve problems fluctuates widely; on the one hand, she can produce creatively, yet this is followed almost immediately by a regressive quality in her responsiveness which becomes perseverative, poorly conceived, and almost bizarre. These three attributes characterize her thinking: conceptualization becomes impoverished (F—), perseveration of a response (due to lack of congruity between percept and blot area) indicating a repeated break with reality in which her preconceived ideas prevail over the blot contours, and finally, shallow affect.

Her range of interests is quite barren and reflects a dearth of richness in thinking. Her drive toward achievement does not have the requisite energy and the basic intellectual productivity characteristic of the efficient person. Examiner believes that Rose's striving to function on an acceptable level, in keeping with her innate ability, is all façade and will not bear up under scrutiny.

In her present state Rose cannot go beyond mere conventionality. She is sufficiently sensitive to social amenities so that her behavior is not antisocial. This is a favorable sign in that it serves as a cover for the underlying pathological processes at work. It is this superficial conformity that gives the impression that she is a "nice quiet girl."

Affective aspects of the personality

Rose has very little in the way of adjustment resources, little drive, and only a slight indication of adjustment potential. While she is a dependent teenager, there is a remarkable lack of the restlessness

and rebelliousness that is characteristic of her peers. What are the responsible factors?

Unfortunately, Rose is unable to find a source of satisfying her needs within herself. At the same time she is afraid to act out the satisfaction of her needs in her social milieu. She is striving to adhere to an impersonal and objective interpretation of her world in order to guard against psychological trauma. This is the defense of intellectualization in which she is attempting to evade emotional involvement with the people around her and at the same time "sit tight" on her basic drives which are a source of threat and imminent anxiety to her should she indulge herself in them. This dependent, sensuous child is in a serious conflict situation—she cannot channelize her energy inwardly for fear of what might be engendered should she give free reign to her fantasy thinking. On the other hand, she cannot seek help from the significant figures in her external environment, again because of the threatening import these persons hold for her. The enigma for Rose is: Where shall I turn for help at this time?

For the moment the defense of intellectualization is covering up her basic distress. Should it become less effective, and the protocol would seem to indicate this possibility, she will have to resort to more intense utilization of mechanism(s) to maintain homeostasis. The indices favor a movement in the direction of an overt schizophrenic breakdown, i.e., a marked reorganization of her interpretations of her life space so as to alleviate the encroaching anxiety. Insight is lacking and she is adhering to an unimaginative and sterile interpretation of her world as a means of maintaining integrity. There seems to be some hostility directed toward the mother figure, at least much more so than is evidenced against the father figure. Her human identifications are deeply personalized, unhealthy, and destructive. Examiner suggests further probing in the area of mother-daughter relationships. The perseveration of the "heart" concept would seem to suggest that this holds some direct or symbolic topical meaning for Rose. During the short time for free associating, examiner learned that she had a boy friend who suffered from a weak heart and from whom she was parted, having lost him to a prettier and far more active girl.

Another significantly poor aspect of the personality structure is

the almost complete emotional coarctation, revealing her apathy and lack of interest in what might be going on about her. There are some indications of her inability to handle sex-associated concepts. Examiner did not probe into this because the general situation did not indicate the wisdom of this. She cannot handle sex concepts and deliberately avoided such areas and responses in the projective situation.

Clinical impression and recommendation

Beneath the thin veneer of a seemingly well-adjusted young lady there is a strong indication of incipient psychotic involvement. Rose does not relate well to herself and to her social environment. The façade may not serve too long. It depends on the stress that will continue to impinge upon her. Examiner is of the opinion that this young lady should be referred to the psychiatrist for individual therapy.

ADDENDUM

The value of the report is enhanced by adhering to descriptions of behavior rather than relying on the extensive use of technical or esoteric terminology. There is no doubt that technical terms read impressively but their interpretations differ too widely among psychologists, psychiatrists, and caseworkers for comfortable use in communicating concepts. This is much less a disadvantage when the report cites behavioral descriptions, i.e., the testee's reactions to the blot stimuli, as the bases for making dynamic inferences. Beck's point of view holds a great deal of merit: "Accurate descriptions of human behavior report significant behavior. To the trained mind, significant overt behavior, whether manifest in the usual methods by which people express themselves or in the language of a test, speaks of psychodynamics within. Given a description of the personality in terms of behavior, it is not necessary to worry about diagnostic labels" (90, p. 610). It is good advice for the beginner.

BIBLIOGRAPHY

1. Abbott, W. D., Due, F. O. and Nosik, W. A. Subdural hematoma and effusion as a result of blast injuries. *J. Amer. Med. Ass.*, 1913, 121, 739-741.
2. Abel, T. M. The Rorschach test and school success among mental defectives. *Rorschach Res. Exch.*, 1943, 9, 105-110.
3. Abel, T. M. The relationship between academic success and personality organization among subnormal girls. *Amer. J. Ment. Def.*, 1945, 50, 251-256.
4. Abel, T. M. Group Rorschach testing in a vocational high school. *Rorschach Res. Exch.*, 1945, 9, 178-188.
5. Abel, T. M. The Rorschach test in the study of culture. *Rorschach Res. Exch.*, 1948, 12, 79-93.
6. Abel, T. M. Personality characteristics of the facially disfigured. *Trans. N. Y. Acad. Sci.*, 1952, 14, 325-329.
7. Abel, T. M. and Calabresi, R. A. The people from their Rorschach tests. In Lewis, O. *Life in a Mexican Village*, Urbana, Ill.: Univ. of Illinois Press, 1951, 306-318, 463-490.
8. Abel, T. M. and Hsu, F. L. K. Chinese personality revealed by the Rorschach. *Rorschach Res. Exch.*, 1949, 13, 285-301.
9. Abel, T. M., Piotrowski, Z., and Stone, G. Responses of Negro and white morons to the Rorschach test. *Amer. J. Ment. Def.*, 1944, 48, 253-257.
10. Abel, T. M. and Weissman, S. Psychological aspects of facial disfigurements: A Rorschach study. *Rorschachiana*, 1952, 1, 152-157.
11. Abramson, L. S. *The Rorschach Test in the Study of Culture*. 1950, Ph. D., U. Pittsburgh.
12. Abramson, L. S. The influence of set for area on the Rorschach test results. *J. Consult. Psychol.*, 1951, 15, 337-342.
13. Abt, L. E. The efficiency of the Group Rorschach Test in the psychiatric screening of Marine Corps recruits. *J. Psychol.*, 1947, 23, 205-217.
14. Adcock, C. J. A factorial approach to Rorschach interpretation. *J. Gen. Psychol.*, 1951, 44, 261-272.
15. Adler, A. The problem of distance. In *Practice and Theory of Individual Psychology*, N. Y.: Harcourt, 1929, 100-108.
16. Ainsworth, M. Some problems of validation of projective techniques. *Brit. J. Med. Psychol.*, 1951, 24, 151-161.
17. Aita, J., Armitage, S. G., Reitan, R. M., and Rabinowitz, A. The use of certain psychological tests in the evaluation of brain injury. *J. Gen. Psychol.*, 1947, 37, 25-44.
18. Aita, J., Reitan, R. M., and Ruth, J. M. Rorschach's test as a diagnostic aid in brain injury. *Amer. J. Psychiat.*, 1947, 103, 770-779.
19. Alden, P. and Benton, A. L. Relationship of sex of examiner to incidence of Rorschach responses with sexual content. *J. Proj. Tech.*, 1951, 15, 231-234.

BIBLIOGRAPHY

20. Aldrich, C. and Coffin, M. Clinical studies of psychoses in the Navy. *J. Nerv. Ment. Dis.*, 1948, 108, 36-44.
21. Alexander, L. and Ax, A. F. Rorschach studies in combat flying personnel. In Hoch, P. and Zubin, J., *Relation of Psychological Tests to Psychiatry*, 219-243.
22. Allen, R. M. A simple method of validating color and shading shock. *J. Consult. Psychol.*, 1948, 12, 360.
23. Allen, R. M. *The Student's Rorschach Manual*. Coral Gables, Fla.: Univ. of Miami, Dept. of Psychol., 1950, mimeographed.
24. Allen, R. M. A longitudinal study of six Rorschach protocols of a three year-old child. *Child Developm.*, 1951, 22, 61-70.
25. Allen, R. M. The role of color in Rorschach's test; the influence of color on reaction time in a normal population. *J. Proj. Tech.*, 1951, 15, 481-485.
26. Allen, R. M. *Introduction to the Rorschach Technique: Manual of Administration and Scoring*. New York: International Universities Press, 1953, 126 pp.
27. Allen, R. M. The M determinant and color in Rorschach's test. *J. Clin. Psychol.*, 1953, 9, 198-199.
28. Allen, R. M. Continued longitudinal Rorschach study of a child for years three to five. *J. Genet. Psychol.*, in press.
29. Allen, R. M. and Dorsey, R. M. The effect of suggestion on human movement productivity in Rorschach's test. *Rorschachiana*, in press.
30. Allen, R. M., Manne, S. H., and Stiff, M. The role of color in Rorschach's test: a preliminary normative report on a college student population. *J. Proj. Tech.*, 1951, 15, 235-242.
31. Allen, R. M., Manne, S. H., and Stiff, M. The role of color in Rorschach's test: the influence of color on the consistency of responses in the Rorschach test. *J. Clin. Psychol.*, 1952, 8, 97-98.
32. Allen, R. M., Ray, C. D., and Poole, R. C. The Levy Movement Test: suggestions for scoring and relationship to Rorschach movement responses. *J. Consult. Psychol.*, 1953, 17, 195-198.
33. Allen, R. M., Stiff, M., and Rosenzweig, M. I. The role of color in Rorschach's test: a preliminary study of neurotic and psychotic groups. *J. Clin. Psychol.*, 1953, 9, 81-83.
34. Allison, H. W. *The Validation of Two Quantitative Measures of General Adjustments as Disclosed by the Rorschach Method of Personality Diagnosis*. 1951, M. S., Pennsylvania State Coll.
35. Altable, J. P. Rorschach psychodiagnosis in a group of epileptic children. *Nerv. Child.*, 1947, 6, 22-33.
36. Altable, J. P. Rorschach psychodiagnosis as applied to deaf-mutes. *Rorschach Res. Exch.*, 1947, 11, 74-79.
37. Altus, W. D. Some correlates of the Group Rorschach and the schizophrenia scale of the Group M. M. P. I. among two groups of "normal" college students. *J. Consult. Psychol.*, 1948, 12, 375-378.
38. Altus, W. D. and Altus, G. T. Rorschach movement variables and verbal intelligence. *J. Abnorm. Soc. Psychol.*, 1952, 47, 531-533.
39. Altus, W. D. and Thompson, G. M. The Rorschach as a measure of intelligence. *J. Consult. Psychol.*, 1949, 13, 341-347.
40. Ames, L. *Child Rorschach Responses*. New York: Hoeber, 1952, xiv + 310 pp.

41. Andersen, I. and Munroe, R. Personality factors involved in student concentration on creative painting and commercial art. *Rorschach Res. Exch.*, 1948, 12, 141-154.
42. Anderson, R. G. Rorschach test results and efficiency ratings of machinists. *Personnel Psychol.*, 1949, 2, 513-524.
43. Anonymous. A review of Rorschach scoring samples. *Rorschach Res. Exch.*, 1936-37, 1, 94-102.
44. Apfeldorf, M. Rorschach theory and psychoanalytic theory. *Rorschach Res. Exch.*, 1944, 8, 189-191.
45. Arluck, E. W. A study of some personality differences between epileptics and normals. *Rorschach Res. Exch.*, 1940, 4, 154-156.
46. Arluck, E. W. The Rorschach test in epileptics. *Arch. Psychol.*, 1941, 37, No. 263.
47. Armitage, S. A. An analysis of certain psychological tests used for the evaluation of brain injury. *Psychol. Monogr.*, 1916, No. 60.
48. Army Medical Library. *Bibliography of the Psychological Aspects of War*. (Microfilm) Washington, D. C.: Photoduplication Service, Army Medical Library, 1942.
49. Arnheim, R. Perceptual and aesthetic aspects of the movement response. *J. Pers.*, 1951, 19, 265-281.
50. Aronson, M. L. A study of the Freudian theory of paranoia by means of the Rorschach Test. *J. Proj. Tech.*, 1952, 16, 397-411.
51. Auld, F. and Eron, L. D. The use of Rorschach scores to predict whether patients will continue psychotherapy. *J. Consult. Psychol.*, 1953, 17, 104-109.
52. Ax, A. F. *The Effect of Combat Fatigue on Imaginal Processes*, 1950, Ph. D., Harvard U.
53. Bach, G. R. Father-fantasies and father-typing in father-separated children. *Child Developm.*, 1946, 17, 63-80.
54. Bachrach, A. J. Some factors in the prediction of suicides. *Neuropsychiatry*, 1951, 1, 21-27.
55. Baker, L. M. and Harris, J. S. The validation of Rorschach test results against laboratory behavior. *J. Clin. Psychol.*, 1949, 5, 161-164.
56. Balinsky, B. A note on the use of the Rorschach in the selection of supervisory personnel. *Rorschach Res. Exch.*, 1944, 8, 184-188.
57. Balinsky, B. The Multiple Choice Group Rorschach Test as a means of screening applicants for jobs. *J. Psychol.*, 1945, 19, 203-208.
58. Balloch, J. C. *An Experimental Investigation of the Effect of the Degree of Shading Contrast in Ink Blots on Verbal and Physiological Responses*, 1950, Ph. D., Michigan State Coll.
59. Balloch, J. C. The effect of degree of shading contrast in ink blots on verbal response. *J. Expt. Psychol.*, 1952, 43, 120-124.
60. Bark, B. and Baron, S. Neurotic elements in the Rorschach records of psychotics. *Rorschach Res. Exch.*, 1943, 7, 166-168.
61. Barnett, I. *The Influence of Color and Shading on the Rorschach Test*, 1950, Ph. D., U. Pittsburgh.
62. Barnes, T. C. Electro-encephalographic validation of the Rorschach, Hunt, and Bender-Gestalt Tests. *Amer. Psychologist*, 1950, 5, 322.
63. Baron, S. Suggestions for an improved M-limits technique. *J. Proj. Tech.*, 1951, 15, 371-375.

BIBLIOGRAPHY

64. Bartell, R. P. *The Relationship of Various Types of Movement Responses in the Rorschach Test to Personality Trait Ratings*. 1951, Ph.D., U. Michigan.
65. Barry, H. and Sender, S. The significance of the Rorschach method for consulting psychology. *Rorschach Res. Exch.*, 1936-37, 1, 157-167.
66. Barry, J. R., Blyth, D. D., and Albrecht, R. Relationship between Rorschach scores and adjustment level. *J. Consult. Psychol.*, 1952, 16, 30-36.
67. Baughman, E. E. Rorschach scores as a function of examiner difference. *J. Proj. Tech.*, 1951, 15, 243-249.
68. Beck, S. J. Personality diagnosis by means of the Rorschach test. *Amer. J. Orthopsychiat.*, 1930, 1, 81-88.
69. Beck, S. J. The Rorschach test in problem children. *Amer. J. Orthopsychiat.*, 1930, 1, 501-509.
70. Beck, S. J. The Rorschach test and personality dynamics. I. the feeble-minded. *Amer. J. Orthopsychiat.*, 1930, 1, 19-52.
71. Beck, S. J. The Rorschach test as applied to a feeble-minded group. *Arch. Psychol.*, 1932, 21, No. 136. 84 pp.
72. Beck, S. J. Configurational tendencies in Rorschach responses. *Amer. J. Psychol.*, 1933, 13, 519-532.
73. Beck, S. J. The Rorschach method and the organization of personality. *Amer. J. Orthopsychiat.*, 1933, 3, 361-365.
74. Beck, S. J. Problems of further research in the Rorschach test. *Amer. J. Orthopsychiat.*, 1935, 5, 100-115.
75. Beck, S. J. Autism in Rorschach scoring: a feeling comment. *Charact. & Pers.*, 1936, 5, 83-85.
76. Beck, S. J. Introduction to the Rorschach method. *Amer. Orthopsychiat. Ass. Monogr.*, 1937, No. 1, xv, 278 p.
77. Beck, S. J. Psychological processes in Rorschach finding. *J. Abnorm. Soc. Psychol.*, 1937, 31, 482-488.
78. Beck, S. J. Personality structure in schizophrenia. *Nerv. Ment. Dis. Monogr.*, No. 63, ix, 88 p.
79. Beck, S. J. Thoughts on an impending anniversary. *Amer. J. Orthopsychiat.* 1939, 9, 806-808.
80. Beck, S. J. Error, symbol, and method in the Rorschach test. *J. Abnorm. Soc. Psychol.*, 1942, 37, 83-103.
81. Beck, S. J. The Rorschach test in psychopathology. *J. Consult. Psychol.*, 1943, 7, 103-111.
82. Beck, S. J. The Rorschach test in a case of character neurosis. *Amer. J. Orthopsychiat.*, 1944, 14, 230-236.
83. Beck, S. J. *Rorschach's Test. I: Basic Processes*. New York: Grune & Stratton, 1944, 2nd ed., 1950; xiii + 277 pp.
84. Beck, S. J. *Rorschach's Test. II: A Variety of Personality Pictures*. New York: Grune & Stratton, 1945, xii + 402 pp.
85. Beck, S. J. The Rorschach experiment: progress and Problems. *Amer. J. Orthopsychiat.*, 1945, 15, 520-524.
86. Beck, S. J. II. Rorschach F plus and the ego in treatment. *Amer. J. Orthopsychiat.*, 1948, 18, 395-401.
87. Beck, S. J. Emotional experience as a necessary constituent in knowing. In Reymert, M. L., *Feelings and Emotions*, New York: McGraw-Hill, 1950, 95-107.

88. Beck, S. J. The Rorschach test. In *Anderson, H. and Anderson, G. Introduction to Projective Techniques.*, New York: Prentice-Hall, 1951, 101-122.
89. Beck, S. J. *Rorschach's Test. III: Advances in Interpretation.* New York: Grune & Stratton, 1952, viii + 301 pp.
90. Beck, S. J. Rorschach Test. In *Weider, A. (ed) Contributions toward Medical Psychology*, New York: Ronald, 1953, 599-610.
91. Beck, S. J., Rabin, A. I., Thiesen, W. G., Molish, H., and Thetford, W. N. The normal personality as projected in the Rorschach test. *J. Psychol.*, 1950, 30, 241-298.
92. Beck, S. J. and Wells, F. L. *Introduction to the Rorschach Method.* New York: Amer. Orthopsychiat. Ass., 1937.
93. Beier, E. G. The effect of induced anxiety on flexibility of intellectual functioning. *Psychol. Monogr.*, 1951, 65, No. 9, 26 pp.
94. Beier, G. The effects of Rorschach interpretations on intellectual functioning of adjusted, questionably adjusted, and maladjusted subjects. *J. Proj. Tech.*, 1953, 17, 66-69.
95. Bell, A., Trosman, H., and Ross, D. The use of projective techniques in the investigation of emotional aspects of general medical disorders. I. The Rorschach method. *J. Proj. Tech.*, 1952, 16, 428-443.
96. Bell, J. E. *Projective Techniques.* New York: Longmans, Green, 1948, xvi + 533 pp.
97. Bell, J. E. The case of Gregor. *J. Proj. Tech.*, 1949, 13, 155-205; 433-468.
98. Bellak, L. The concept of projection. *Psychiatry*, 1944, 7, 353-370.
99. Benjamin, E. *A Psychobiological Approach to the Color Shock Phenomena on the Rorschach Test.* 1948, S. M., U. Chicago.
100. Benjamin, J. D. A method for distinguishing and evaluating formal thinking disturbances in schizophrenia. In *Kasanin, J. S. (ed) Language and Thought in Schizophrenia.* Berkeley, California: U. California Press, 1946.
101. Benjamin, J. and Ebaugh, F. G. The diagnostic validity of the Rorschach test. *Amer. J. Psychiat.*, 1938, 94, 1163-1178.
102. Benton, A. L. Rorschach performances of suspected malingerers. *J. Abnorm. Soc. Psychol.*, 1944, 40, 94-96.
103. Benton, A. L. The experimental validation of the Rorschach Test. *Brit. J. Med. Psychol.*, 1950, 23, 25-58.
104. Benton, A. L. The experimental validation of the Rorschach Test. II. The significance of Rorschach color responses. *Amer. J. Orthopsychiat.*, 1952, 22, 755-763.
105. Berg, I. A. A Study of success and failure among student nurses. *J. Appl. Psychol.*, 1947, 31, 389-396.
106. Bergman, M. S. Homosexuality on the Rorschach test. *Bull. Menninger Clin.*, 1945, 9, 78-83; 121-129.
107. Bergman, M. S. and Graham, H. Rorschach explorations of consecutive hypnotic chronological age level regression. *Psychosom. Med.*, 1947, 9, 20-28.
108. Berkowitz, M. and Levine, J. Rorschach scoring categories as diagnostic "signs." *J. Consult. Psychol.*, 1953, 17, 110-112.
109. Bigelow, R. B. The evaluation of aptitude for flight training. *J. Aviat. Med.*, 1940, 11, 202-209.

110. Billig, O. The Rorschach test, an important aid in the personality diagnosis. *N. C. Med. J.*, 1943, 4, 46-50.
111. Billig, O., Gillin, J., and Davidson, W. Aspects of personality and culture in a Guatemalan community: ethnological and Rorschach approaches. *J. Pers.*, 1947, 16, 153-187 (Part I); 1948, 16, 326-368 (Part II).
112. Billig, O. and Sullivan, D. Prognostic data in chronic alcoholism. *Rorschach Res. Exch.*, 1942, 6, 117-127.
113. Billig, O. and Sullivan, D. Personality structure and prognosis of alcohol addiction: a Rorschach study. *Quart. J. Stud. Alcohol.*, 1943, 3, 544-573.
114. Bills, R. E. Rorschach characteristics of persons scoring high and low in acceptance of self. *J. Consult. Psychol.*, 1953, 17, 36-38.
115. Binder, H. The "light-dark" interpretations in Rorschach's experiment. *Rorschach Res. Exch.*, 1937, 2, 37-42.
116. Birren, F. *Color Psychology and Color Therapy*. New York: McGraw-Hill, 1950, ix + 284 pp.
117. Blair, G. M. Personality adjustments of teachers as measured by the Multiple Choice Rorschach Test. *J. Educ. Res.*, 1946, 39, 652-657.
118. Blair, G. M. and Clark, R. W. Personality adjustments of ninth-grade pupils as measured by the Multiple Choice Rorschach Test and California Test of Personality. *J. Educ. Psychol.*, 1946, 37, 13-20.
119. Blair, G. M. and Hoehn, A. J. The use of the multiple choice Rorschach test with adolescents. *J. Educ. Res.*, 1947, 41, 297-304.
120. Blake, R. R. Ocular activity during administration of the Rorschach test. *J. Clin. Psychol.*, 1948, 4, 159-169.
121. Blake, R. R. and Wilson, G. P. Perceptual selectivity in Rorschach determinants as a function of depressive tendencies. *J. Abnorm. Soc. Psychol.*, 1950, 45, 459-472.
122. Blanton, R. and Landsman, T. The retest reliability of the Group Rorschach and some relationships to the M. M. P. I. *J. Consult. Psychol.*, 1952, 16, 265-267.
123. Blatt, B. and Hecht, I. The personality structure of the multiple sclerosis patient as evaluated by the Rorschach psychodiagnostic technique. *J. Clin. Psychol.*, 1951, 7, 341-344.
124. Bleuler, M. After thirty years of clinical experience with the Rorschach test. *Rorschachiana*, 1952, 1, 12-24.
125. Bleuler, M. and Bleuler, R. Rorschach's ink-blot test and racial psychology: mental peculiarities of Moroccans. *Charact. & Pers.*, 1935, 4, 97-114.
126. Bochner, R. and Halpern, F. *The Clinical Application of the Rorschach Test*. New York: Grune & Stratton, 1945, 2nd ed., xi + 331 pp.
127. Booth, G. C. Material for comparative case study of a chronic arthritic personality. I: Psychiatric report. *Rorschach Res. Exch.*, 1936, 1, 40-49.
128. Booth, G. C. Objective techniques in personality testing. *Arch. Neurol. Psychiat.*, Chicago, 1939, 42, 514-530.
129. Booth, G. C. and Klopfer, B. Personality studies in chronic arthritis. *Rorschach Res. Exch.*, 1936, 1, 40-48.
130. Bowlus, D. E. and Shotwell, A. M. A Rorschach study of psychopathic delinquency. *Amer. J. Ment. Def.*, 1947, 52, 23-30.

131. Boynton, P. L. and Walsworth, B. M. Emotionality test scores of delinquent and nondelinquent girls. *J. Abnorm. Soc. Psychol.*, 1943, 38, 87-92.
132. Bradway, K. Rorschach records of a schizophrenia patient, before, during, and after electric shock and insulin treatment. *J. Proj. Tech.*, 1951, 15, 87-97.
133. Bradway, K. and Heisler, V. The relation between diagnosis and certain types of extreme deviation and content on the Rorschach. *J. Proj. Tech.*, 1953, 17, 70-74.
134. Bradway, K., Leon, E. G., and Corrigan, H. The use of the Rorschach in a psychiatric study of promiscuous girls. *Rorschach Res. Exch.*, 1946, 10, 105-110.
135. Brenman, M. and Reichard, S. Use of the Rorschach test in the prediction of hypnotizability. *Bull. Menninger Clin.*, 1943, 7, 183-187.
136. Brosin, H. Clinical aspects of Rorschach testing. *Dig. Neurol. Psychiat.*, 1948, 16, 214.
137. Brosin, H. and Fromm, E. Rorschach and color blindness. *Rorschach Res. Exch.*, 1940, 4, 39-70.
138. Brosin, H. and Fromm, E. Some principles of Gestalt Psychology in the Rorschach experiment. *Rorschach Res. Exch.*, 1942, 6, 1-15.
139. Brower, D. The relation between certain Rorschach factors and cardiovascular activity before and after visuo-motor conflict. *J. Gen. Psychol.*, 1947, 37, 93-95.
140. Brown, F. An exploratory study of dynamic factors in the content of the Rorschach protocol. *J. Proj. Tech.*, 1953, 17, 251-279.
141. Brown, M., Bresnahan, T. J., Chalke, F. C. R., Peters, B., Poser, E. G., and Tougas, R. V. Personality factors in duodenal ulcer, a Rorschach study. *Psychosom. Med.*, 1950, 12, 1-5.
142. Brown, M., Chalke, F. C. R., Peters, B., Poser, E. G., and Quarrington, M. Some Rorschach findings in cases of duodenal ulcer. *Canad. J. Psychol.*, 1951, 5, 1-8, 25.
143. Brown, R. R. The effects of morphine upon the Rorschach pattern in post-addicts. *Amer. J. Orthopsychiat.*, 1943, 13, 339-342.
144. Brown, R. R. The Rorschach in industry. *Personnel*, 1948, 24, 434-436.
145. Brozek, J. A study of the personality of normal young men maintained on a restricted intake of vitamins of the B complex. *Psychosom. Med.*, 1946, 8, 98-109.
146. Bruner, J. S. Perceptual theory and the Rorschach Test. *J. Pers.*, 1948, 17, 157-168.
147. Brussel, J. A., Grassi, J. R., and Melnick, A. A. The Rorschach method and post-concussion syndrome. *Psychiat. Quart.*, 1942, 16, 707-743.
148. Brussel, J. A. and Hitch, K. S. The Rorschach method and its uses in military psychiatry. *Psychiat. Quart.*, 1942, 16, 3-29.
149. Brussel, J. A., Hitch, K. S., and Piotrowski, Z. A. *A Rorschach Training Manual*. Utica, N. Y.: State Hospitals Press, 1950, 3rd ed., 86 pp.
150. Buckle, D. F. and Cook, D. H. Graphic Rorschach method: technique. *Rorschach Res. Exch.*, 1943, 7, 159-165.
151. Buckle, D. F. and Holt, N. F. Comparison of Rorschach and Behn ink blots. *J. Proj. Tech.*, 1951, 15, 486-493.
152. Buehler, C. Father and son. *Rorschach Res. Exch.*, 1943, 7, 145-158,

153. Buehler, C. Rorschach studies on alcoholism. *Amer. Psychologist*, 1947, 2, 405.
154. Buehler, C. Personality integration levels. *Rorschach Res. Exch.*, 1949, 13, 9-24.
155. Buehler, C. The concept of integration and the Rorschach Test as a measurement of personality integration. *J. Proj. Tech.*, 1950, 14, 315-319.
156. Buehler, C., Buchler, K. and Lefever, D. W. *Rorschach Standardization Studies. I. Development of the Basic Rorschach Score with Manual of Directions*. Los Angeles, Calif.: Rorschach Standardization Studies, No. 1, 1948, ix + 190 pp., mimeographed.
157. Buehler, C. and Lefever, D. W. A Rorschach study on the psychological characteristics of alcoholics. *Quart. J. Stud. Alcohol.*, 1917, 8, 197-260.
158. Buehler, C. and Lefever, D. W. Symposium of a "B. R. S." *Rorschach Res. Exch.*, 1949, 13, 6-24.
159. Buehler, C., Lefever, D. W., Kallstedt, F. and Peak, H. M. *Development of the Basic Rorschach Score. Supplementary Monograph*. Los Angeles, Calif.: Rorschach Standardization Studies, 1952, mimeographed.
160. Buker, S. L. and Williams, M. Color as a determinant of responsiveness to Rorschach cards in schizophrenia. *J. Consult. Psychol.*, 1951, 15, 196-202.
161. Burchard, E. M. L. A ten-year bibliography. *Rorschach Res. Exch.*, 1916, 10, 173-183.
162. Burchard, E. M. L. The use of projective techniques in the analysis of creativity. *J. Proj. Tech.*, 1952, 16, 412-427.
163. Burgemeister, B. B. and Tallman, G. Rorschach patterns in multiple sclerosis. *Rorschach Res. Exch.*, 1945, 9, 111-122.
164. Burlingame, C. C. An important ancillary of psychosurgery. *An. Port. Psiquiat.*, 1950, 2 (2), 11-19.
165. Burnham, C. A. A study of the degree of relationship between Rorschach H per cent and Wechsler Bellevue Picture Arrangement scores. *Rorschach Res. Exch.*, 1949, 13, 206-209.
166. Calden, G. Psychosurgery in a set of schizophrenic identical twins. *J. Proj. Tech.*, 1953, 17, 200-209.
167. Calden, G. and Cohen, L. B. The relationship of ego-involvement and test definition to Rorschach Test performance. *J. Proj. Tech.*, 1953, 17, 300-311.
168. Caldwell, B., Ulett, G. A., Mensh, I. N., and Granick, S. Levels of data in Rorschach interpretation. *J. Clin. Psychol.*, 1952, 8, 374-379.
169. Cameron, D. C. The Rorschach experiment, X-ray of personality. *Dis. Nerv. Syst.*, 1942, 3, 374-376.
170. Canter, A. *An Investigation of the Psychological Significance of Reactions to Color on the Rorschach and Other Tests*. 1950, Ph.D., State U. Iowa.
171. Carp, A. L. and Shavzin, A. R. The susceptibility of falsification of the Rorschach psychodiagnostic technique. *J. Consult. Psychol.*, 1950, 14, 230-233.
172. Carp, F. M. Psychological constriction on several projective tests. *J. Consult. Psychol.*, 1950, 14, 268-275.
173. Carr, A. C. An evaluation of nine nondirective psychotherapy cases by means of the Rorschach. *J. Consult. Psychol.*, 1949, 13, 196-205.

174. Carrlson, R. A normative study of Rorschach responses of eight year old children. *J. Proj. Tech.*, 1952, 16, 56-65.
175. Cass, W. A. and McReynolds, P. A contribution to Rorschach norms. *J. Consult. Psychol.*, 1951, 15, 178-184.
176. Challman, R. C. The validity of the Harrower-Erickson Multiple Choice Test as a screening device. *J. Psychol.*, 1945, 20, 41-48.
177. Chapman, A. H. The Rorschach examination in a case of erotomania. *J. Clin. Psychol.*, 1953, 9, 195-198.
178. Chapman, A. H. and Reese, D. G. Homosexual signs in Rorschachs of early schizophrenics. *J. Clin. Psychol.*, 1953, 9, 30-32.
179. Christenson, J. and Johnson, L. C. Indications for the use of the Rorschach in mental hygiene clinics. *J. Abnorm. Soc. Psychol.*, 1948, 43, 550.
180. Clardy, E. R., Goldensohn, L. N., and Levine, K. Schizophrenic-like reactions in children. *Psychiat. Quart.*, 1941, 15, 100-116.
181. Clark, J. H. Some M. M. P. I. correlates of color responses in the Group Rorschach. *J. Consult. Psychol.*, 1948, 12, 384-386.
182. Cleveland, S. E. *The Relationship Between Examiner Anxiety and Subject's Rorschach scores*. 1951, Ph.D., U. Michigan.
183. Cofer, N. Psychological test performance under hyoscine. *J. Gen. Psychol.*, 1947, 36, 221-228.
184. Cohen, B. D. Analysis of the problem of validation of the Rorschach technique. *Proc. Ind. Acad. Sci.*, 1950, 59, 285.
185. Cohen, L. B. *The influence of Two Attitudinal Variables on Group Rorschach Test Performance*. 1951, Ph.D., U. Michigan.
186. Cohn, J. B., Steckler, G. A., Takacs, W. S., and Lorenzo, J. Electroencephalograph and a psychological battery in the diagnosis of organic psychoses. *Dis. Nerv. Syst.*, 1952, 13, 197-204.
187. Collin, A. G. European Rorschach findings. *Rorschach Res. Exch.*, 1943, 7, 169-181.
188. Colm, H. The use of the Rorschach for children in diagnosing inter-relationship difficulties between parents and child. *J. Child Psychiat.*, 1948, 1, 247-265.
189. Cook, P. H. The application of the Rorschach test to a Samoan group. *Rorschach Res. Exch.*, 1942, 6, 51-60.
190. Cook, P. H. Mental structure and the psychological field: some Samoan observations. *Charact. & Pers.*, 1942, 10, 296-308.
191. Cooper, J. and Lewis, R. B. Quantitative Rorschach factors in the evaluation of teacher effectiveness. *J. Educ. Res.*, 1951, 44, 703-707.
192. Counts, R. M. and Mensh, I. N. Personality characteristics in hypnotically-induced hostility. *J. Clin. Psychol.*, 1950, 6, 325-330.
193. Cowin, M. The use of the Rorschach in schools. *Rorschach Res. Exch.*, 1945, 9, 130-133.
194. Cox, K. J. Can the Rorschach pick sales clerks? *Personnel Psychol.*, 1948, 12, 365-374.
195. Cox, S. M. A factorial study of the Rorschach responses of normal and maladjusted boys. *J. Genet. Psychol.*, 1951, 79, 95-115.
196. Cranford, V. and Seliger, R. V. Understanding the alcohol patient. Part I. *J. Clin. Psychopath. Psychother.*, 1944, 6, 323-334.
197. Cronbach, L. J. "Pattern tabulation." *Educ. Psychol. Measmt.*, 1949, 9, 149-171.

198. Cronbach, L. J. Statistical methods applied to Rorschach scores. *Psychol. Bull.*, 1949, 4, 393-429.
199. Cronbach, L. J. Studies of Group Rorschach in relation to success in the College of the University of Chicago. *J. Educ. Psychol.*, 1950, 41, 65-82.
200. Cummings, S. *An Investigation of the Reliability and Validity of Judgments of Adjustment Inferred from the Rorschach Test Performance*. 1950, Ph.D., U. Pittsburgh.
201. Davidson, G. M. and Conkey, R. C. The Rorschach test and questions of "prognosis" and "recovery" in syphilitic meningo-encephalitis. *Psychiat. Quart.*, 1950, 24, 243-258.
202. Davidson, H. H. *Personality and Economic Background*. New York: King's Crown Press, 1943, x + 189 pp.
203. Davidson, H. H. A measure of adjustment obtained from the Rorschach protocol. *J. Proj. Tech.*, 1950, 14, 31-38.
204. Davidson, H. H. and Klopfer, B. Rorschach statistics: Part I. Mentally retarded, normal, and superior adults. *Rorschach Res. Exch.*, 1938, 2, 164-169; Part II. Normal children, 1939, 3, 37-43, appendix.
205. Davidson, H. H. and Kruglove, L. Personality characteristics of the institutionalized aged. *J. Consult. Psychol.*, 1952, 16, 5-12.
206. Day, F., Hartock, A., and Schachtel, E. A Rorschach study of a defective delinquent. *J. Crim. Psychopath.*, 1940, 2, 62-79.
207. DeVos, G. A quantitative approach to affective symbolism in Rorschach responses. *J. Proj. Tech.*, 1952, 16, 133-150.
208. Dickson, L. P. *The Rorschach Test as an Indicator of Prognosis in Psychoneuroses*. 1949, M. A., Catholic U.
209. Diers, W. C. and Brown, C. C. Rorschach "organic signs" and intelligence level. *J. Consult. Psychol.*, 1951, 15, 343-345.
210. Diethelm, O. The personality concept in relation to graphology and the Rorschach test. *Proc. Ass. Res. Nerv. Ment. Dis.*, 1934, 14, 278-286.
211. Diethelm, O. Differential diagnosis of epilepsy. In Hoch, P. and Knight, R. P., *Epilepsy*, 109-122.
212. Dimmick, G. B. An application of the Rorschach Ink-Blot Test to three clinical types of dementia praecox. *J. Psychol.*, 1935-36, 1, 61-71.
213. Dorken, H. The ink blot test as a brief projective technique. *Amer. J. Orthopsychiat.*, 1950, 20, 828-833.
214. Dorken, H. The Ink Blot test. *Rorschachiana*, 1952, 1, 196-221.
215. Dorken, H. and Kral, V. A. The psychological investigation of senile dementia. *Geriatrics*, 1951, 6, 151-163.
216. Dorken, H. and Kral, V. A. The psychological differentiation of organic brain lesions and their localization by means of the Rorschach test. *Amer. J. Psychiat.*, 1952, 108, 764-770.
217. Dorken, H. and Tunis, M. Projective technique with narcosis. *Amer. J. Psychiat.*, 1949, 106, 216-221.
218. Douglas, C. and Welch, L. A study of elation making use of the Rorschach test and an association test. *J. Psychol.*, 1948, 26, 363-366.
219. Douglas, G. A tachistoscopic study of the order of emergence in the process of perception. *Psychol. Monogr.*, 1947, 61 (6), 133 p.
220. DuBois, C. and Oberholzer, E. Rorschach tests and native personality in Alor, Dutch East Indies. *Trans. N. Y. Acad. Sci.*, 1942, 4, 168-170.

221. Dubrovner, R., Von Lackum, W., and Jost, H. A study of the effect of color on productivity and reaction time in the Rorschach test. *J. Clin. Psychol.*, 1950, 6, 331-336.
222. Due, F. O. and Wright, M. E. The use of content analysis in Rorschach interpretations. I. Differential characteristics of male homosexuals. *Rorschach Res. Exch.*, 1945, 9, 169-177.
223. Dunbar, F. *Psychosomatic Diagnosis*. New York: Hoeber, 1943, xiv + 741 pp.
224. Dunmire, H. An evaluation of Beck's norms as applied to young children. *Psychol. Bull.*, 1939, 36, 629.
225. Earl, C. J. A note on the validity of certain Rorschach symbols. *Rorschach Res. Exch.*, 1941, 5, 51-61.
226. Ebert, E. H. The mental procedure of 6 and 8-year-old children as revealed by the Rorschach Ink-Blot method. *Rorschach Res. Exch.*, 1944, 8, 10-30.
227. Eichler, R. M. A comparison of the Rorschach and Behn-Rorschach ink-blot tests. *J. Consult. Psychol.*, 1951, 15, 185-189.
228. Eichler, R. M. Experimental stress and alleged Rorschach indices of anxiety. *J. Abnorm. Soc. Psychol.*, 1951, 46, 344-355.
229. Eichler, R. M. Some comments on the controlling of differences in responses on the Rorschach test. *Psychol. Bull.*, 1951, 48, 258-259.
230. Elizur, A. Content analysis of the Rorschach with regard to anxiety and hostility. *J. Proj. Tech.*, 1949, 13, 247-284.
231. Ellis, R. W. and Brown, G. G. The nature of Rorschach responses from pulmonary tuberculosis patients. *J. Clin. Psychol.*, 1950, 6, 298-300.
232. Endacott, J. L. The results of 100 male juvenile delinquents on the Rorschach ink-blot test. *J. Crim. Psychopath.*, 1941, 13, 41-50.
233. Endacott, J. L. The Rorschach test in post-encephalitics. *Illinois Med. J.*, 1945, 88, 256-258.
234. Engle, T. L. The use of the Harrower-Erickson multiple choice test in differentiating between well adjusted and maladjusted high school pupils. *J. Educ. Psychol.*, 1945, 37, 550-556.
235. Epstein, H. L. and Apfeldorf, M. The use of the Rorschach in a group-work agency. *Rorschach Res. Exch.*, 1946, 10, 28-36.
236. Epstein, H. L. and Schwartz, A. Psychodiagnostic testing in group work (Rorschach and Picture Apperception Test). *Rorschach Res. Exch.*, 1947, 11, 23-41.
237. Eriksen, C. W. and Eisenstein, D. Personality rigidity and the Rorschach. *J. Pers.*, 1953, 21, 386-391.
238. Eriksen, C. W. and Lazarus, R. S. Perceptual defense and projective tests. *J. Abnorm. Soc. Psychol.*, 1952, 47, Supplement, 302-308.
239. Eriksen, C. W., Lazarus, R. S., and Strange, J. R. Psychological stress and its personality correlates. *J. Pers.*, 1952, 20, 277-286.
240. Evans, H. S. and Collet, G. M. The Rorschach test in clinical psychiatry. *Ohio St. Med. J.*, 1948, 44, 482-486.
241. Eysenck, H. J. A comparative study of four screening tests for neurotics. *Psychol. Bull.*, 1945, 42, 659-662.
242. Eysenck, H. J. Screening out the neurotic. *Lancet*, 1947, 252, 530-531.

243. Farnum, H. B. *An Investigation of the Psychological Meaning of Selected Signs on the Rorschach Test*. 1951, Ph.D., Pennsylvania State Coll.
244. Faterson, H. F. and Klopfer, B. A survey of psychologists' opinions concerning the Rorschach method. *Rorschach Res. Exch.*, 1945, 9, 23-29.
245. Fein, L. G. Rorschach signs of homosexuality in male college students. *J. Clin. Psychol.*, 1950, 6, 248-253.
246. Ferguson, G. S. Approaches to the experimental study of the Rorschach test. *Canad. J. Psychol.*, 1951, 5, 157-166.
247. Feurfile, D. *The Validity of the Selected Signs in the Rorschach*. 1951, M. S., Pennsylvania State Coll.
248. Ficca, S. C. *Relationship of "Autonomic" Blood Pressure Pattern Type of Subject's Performance on the Wechsler-Bellevue and Rorschach Test*. 1950, Ph.D., Pennsylvania State Coll.
249. Filmer-Bennett, G. Prognostic indices in the Rorschach records of hospitalized patients. *J. Abnorm. Soc. Psychol.*, 1952, 47, 502-506.
250. Fisher, S. Patterns of personality rigidity and some of their determinants. *Psychol. Monogr.*, 1950, 64, 1-48.
251. Fisher, S. Rorschach patterns in conversion hysteria. *J. Proj. Tech.*, 1951, 15, 98-108.
252. Fisher, S. The value of the Rorschach for detecting suicidal trends. *J. Proj. Tech.*, 1951, 15, 250-251.
253. Fisher, S. and Sunukjian, H. Intellectual disparities in a normal group and their relationship to emotional disturbance. *J. Clin. Psychol.*,
254. Fishman, E. *Two Studies on the Affectivity of Colors*. Clark U., M. S.
255. Fiske, D. W. and Baughman, E. E. Relationships between Rorschach scoring categories and the total number of responses. *J. Abnorm. Soc. Psychol.*, 1953, 48, 25-32.
256. Fitzgerald, J. C. *A Study of Rorschach Color Factors as Indicators of Social Acceptance*. 1949, Ph.D., State U. Iowa.
257. Fleischer, R. O. and Hunt, J. McV. A communicable method of recording areas in the Rorschach test. *Amer. J. Psychol.*, 1911, 51, 580-582.
258. Fonda, C. P. *The Nature and Meaning of the Rorschach White Space Responses*. 1950, Ph.D., Johns Hopkins U.; *J. Abnorm. Soc. Psychol.*, 1951, 46, 367-377.
259. Font, M. Some clinical applications of the Rorschach technique in cases of borderline delinquency. *Amer. J. Ment. Def.*, 1950, 54, 507-511.
260. Ford, M. The application of the Rorschach test to young children. *Univ. Minn. Child Welf. Monogr.*, 1946, No. 23, xii + 114 pp.
261. Forer, B. R., Farberow, N. L., Meyer, M. M., and Tolman, R. S. Consistency and agreement in the judgment of Rorschach signs. *J. Proj. Tech.*, 1952, 16, 346-351.
262. Fortier, R. H. The response to color and ego functions. *Psychol. Bull.*, 1953, 50, 41-63.
263. Fosberg, A. I. Rorschach reactions under varied instructions. *Rorschach Res. Exch.*, 1938, 3, 12-31.
264. Fosberg, A. I. An experimental study of the reliability of the Rorschach Psychodiagnostic technique. *Rorschach Res. Exch.*, 1941, 5, 72-84.
265. Fosberg, A. I. How do subjects attempt to fake results on the Rorschach test? *Rorschach Res. Exch.*, 1943, 7, 119-121,

266. Frank, L. K. Projective methods for the study of personality. *J. Psychol.*, 1939, 8, 389-413.
267. Frank, L. K. Comments on the proposed standardization of the Rorschach method. *Rorschach Res. Exch.*, 1939, 3, 101-105.
268. Frank, L. K. Foreword to issue of J. Consulting Psychology on the Rorschach method. *J. Consult. Psychol.*, 1943, 7, 63-66.
269. Frank, L. K. Psychosomatic disturbances in relation to personnel selection. *Ann. N. Y. Acad. Sci.*, 1943, 44, 541-624.
270. Frank, L. K. *Projective Methods*. Springfield, Ill.: Thomas, 1948, vi + 86 pp.
271. Friedman, H. *Perceptual Regression in Schizophrenia*. 1950, Ph.D., Clark U.
272. Friedman, H. Perceptual regression in schizophrenia: an hypothesis suggested by the use of the Rorschach Test. *J. Genet. Psychol.*, 1952, 81, 63-98.
273. Friedman, H. A comparison of a group of the hebephrenic and catatonic schizophrenics with two groups of normal adults by means of certain variables of the Rorschach Test. *J. Proj. Tech.*, 1952, 16, 352-360.
274. Friedman, H. A. Perceptual regression in schizophrenia. *J. Proj. Tech.*, 1953, 17, 171-185.
275. Fromm, E. and Elonen, A. S. The use of projective techniques in the study of a case of female sexuality. *J. Proj. Tech.*, 1951, 15, 185-230.
276. Funkhauser, J. B. and Kelley, D. M. The Rorschach ink blot method. *Virginia Med. Mon.*, 1942, 69, 139-144.
277. Gair, M. Rorschach characteristics of a group of very superior seven year old children. *Rorschach Res. Exch.*, 1944, 8, 31-37.
278. Gardner, G. E. Rorschach Test replies and results in 100 normal adults of average I. Q. *Amer. J. Orthopsychiat.*, 1936, 6, 32-60.
279. Gardner, R. W. Impulsivity as indicated by Rorschach Test factors. *J. Consult. Psychol.*, 1951, 15, 464-468.
280. Garfield, S. L. The Rorschach Test in clinical diagnosis. *J. Clin. Psychol.*, 1947, 3, 375-381.
281. Garrison, M. H. Relationships between Rorschach scores and clinical changes in mental patients. *J. Pers.*, 1948, 17, 146-152.
282. Geil, G. A. The similarity in Rorschach patterns of adult criminal psychopaths and pre-adolescent boys. *Rorschach Res. Exch.*, 1945, 9, 201-207.
283. George, C. E. Some unforeseen correlates between the studies of Shaw and Wallen. *J. Abnorm. Soc. Psychol.*, 1953, 48, 150.
284. Gibb, C. A. Some tentative comments concerning group Rorschach pointers to the personality traits of leaders. *J. Soc. Psychol.*, 1949, 30, 251-263.
285. Gibby, R. G. The stability of certain Rorschach variables under conditions of experimentally induced sets: 1. The intellectual variables. *J. Proj. Tech.*, 1951, 15, 3-26.
286. Gibby, R. G. Examiner influence on the Rorschach inquiry. *J. Consult. Psychol.*, 1952, 16, 449-455.
287. Gillenson, G. *A Study of the Effects of Color on Rorschach Responses*. 1951, Ph.D., Columbia U.

288. Glad, D. D. and Hammack, B. W. An intertest validation and normative study of the Rorschach and T. A. T. with schizophrenia. *J. Colo.-Wyo. Acad. Sci.*, 1950, 4(2), 65-66.
289. Glik, E. E. Involutional psychosis with alcoholism. *Rorschach Res. Exch.*, 1948, 12, 168-170.
290. Goldensohn, L. N., Clardy, E. R., and Levine, K. Schizophrenic-like reactions in children. *Psychiat. Quart.*, 1945, 19, 592-601.
291. Goldfarb, W. Personality trends in a group of enuretic children below the age of ten. *Rorschach Res. Exch.*, 1942, 6, 28-38.
292. Goldfarb, W. A definition and validation of obsessional trends in the Rorschach examination of adolescents. *Rorschach Res. Exch.*, 1943, 7, 81-108.
293. Goldfarb, W. The effects of early institutional care on adolescent personality (Graphic Rorschach data). *Child Developm.*, 1943, 14, 213-223.
294. Goldfarb, W. Effects of early institutional care on adolescent personality: Rorschach data. *Amer. J. Orthopsychiat.*, 1944, 14, 441-447.
295. Goldfarb, W. The animal symbol in the Rorschach test and an animal association test. *Rorschach Res. Exch.*, 1945, 9, 8-22.
296. Goldfarb, W. Organizing activity in the Rorschach examination. *Amer. J. Orthopsychiat.*, 1945, 15, 525-528.
297. Goldfarb, W. Rorschach test differences between family-reared, institution-reared, and schizophrenic children. *Amer. J. Orthopsychiat.*, 1949, 19, 624-633.
298. Goldman, G. S. and Bergman, M. S. A psychiatric and Rorschach study of adult male enuresis. *Amer. J. Orthopsychiat.*, 1945, 15, 160-166.
299. Goldman, L. *Relationship between Aptitude Scores and Certain Rorschach Indices*. 1950, Ph.D., Columbia U.
300. Goldstein, K. Personality studies of cases with lesions of the frontal lobes: I. the psychopathology of Pick's disease. *Rorschach Res. Exch.*, 1936, 1, 57-65.
301. Goldstein, K. and Rothmann, E. Physiognomic phenomena in Rorschach responses. *Rorschach Res. Exch.*, 1945, 9, 1-7.
302. Gorlow, L., Zimet, C. N., and Fine, H. J. The validity of anxiety and hostility Rorschach content scores among adolescents. *J. Consult. Psychol.*, 1952, 16, 73-75.
303. Grant, M., Ives, V., and Ranzoni, J. H. Reliability and validity of judges' ratings of adjustment on the Rorschach. *Psychol. Monogr.*, 1952, 66, 1-20.
304. Grassi, J. R. Contrasting schizophrenic patterns in the graphic Rorschach. *Psychiat. Quart.*, 1942, 16, 646-659.
305. Grassi, J. R. The Graphic Rorschach as a supplement to the Rorschach in the diagnosis of organic intracranial lesions. *Psychiat. Quart.*, 1947, 21, 312-327.
306. Grassi, J. R. Impairment of abstract behavior following bilateral prefrontal lobotomy. *Psychiat. Quart.*, 1950, 24, 74-88.
307. Grassi, J. R. Suggested refinement of Rorschach scoring. *J. Proj. Tech.*, 1951, 15, 255-262.
308. Grassi, J. R. and Levine, K. The Graphic Rorschach manual. *Psychiat. Quart.*, 1943, 17, 258-281.
309. Grassi, J. R. and Paster, S. Clarification of Rorschach responses by the Graphic Rorschach. *J. Clin. Psychol.*, 1945, 1, 28-36.

310. Grauer, D. Prognosis in paranoid schizophrenia on the basis of the Rorschach. *J. Consult. Psychol.*, 1953, 17, 199-205.
311. Griffith, R. M. Test-retest similarities of the Rorschachs of patients without retention. *J. Proj. Tech.*, 1951, 15, 516-525.
312. Griffith, R. and Dimmick, G. B. Differentiating Rorschach responses of alcoholics. *Quart. J. Stud. Alcohol.*, 1949, 10, 430-433.
313. Guirdham, A. On the value of the Rorschach test. *J. Ment. Sci.*, 1935, 81, 848-869.
314. Guirdham, A. The Rorschach test in epileptics. *J. Ment. Sci.*, 1935, 81, 870-893.
315. Guirdham, A. Simple psychological data in melancholia. *J. Ment. Sci.*, 1936, 82, 649-653.
316. Guirdham, A. The diagnosis of depression by the Rorschach test. *Brit. J. Med. Psychol.*, 1936, 16, 130-145.
317. Gunzberg, H. C. The significance of various aspects in drawings by educationally subnormal children. *J. Ment. Sci.*, 1950, 96, 951-975.
318. Gurvitz, M. S. A forerunner of Rorschach. *J. Clin. Psychol.*, 1951, 15, 120-121.
319. Gurvitz, M. S. World destruction fantasies in early schizophrenia: a Rorschach study. *J. Hillside Hosp.*, 1952, 1, 7-20.
320. Gurvitz, M. S. and Miller, J. S. A. Some theoretical and practical aspects of the diagnosis of early and latent schizophrenia by means of psychological testing. In Hoch, P. and Zubin, J. (eds) *Relation of Psychological Tests to Psychiatry*, New York: Grune & Stratton, 1952, 189-207.
321. Gurvitz, M. S., et al. A case of prolonged insulin coma: psychological evaluation and follow-up. *J. Hillside Hosp.*, 1952, 1, 195-203.
322. Gustav, A. Estimation of Rorschach scoring categories by means of an objective inventory. *J. Psychol.*, 1946, 22, 253-260.
323. Hackbush, F. and Klopfer, B. The contribution of projective techniques to the understanding and treatment of children psychometrically diagnosed as feeble-minded. *Amer. J. Ment. Def.*, 1946, 51, 15-23.
324. Hackfield, A. W. An objective interpretation by means of the Rorschach test of psychobiological structure underlying schizophrenia, essential hypertension, Grove's syndrome. *Amer. J. Psychiat.*, 1935, 92, 575-588.
325. Hales, W. M. Profile patterning and coding of the Rorschach test. *J. Consult. Psychol.*, 1952, 16, 37-42.
326. Hallowell, A. I. The Rorschach method as an aid in the study of personality in primitive societies. *Charact. & Pers.*, 1941, 9, 235-245.
327. Hallowell, A. I. The Rorschach test as a tool for investigating cultural variables and individual differences in the study of personality in primitive societies. *Rorschach Res. Exch.*, 1941, 5, 31-34.
328. Hallowell, A. I. Acculturation processes and personality changes as indicated by the Rorschach technique. *Rorschach Res. Exch.*, 1942, 6, 42-50.
329. Hallowell, A. I. The Rorschach technique in the study of personality and culture. *Amer. Anthropol.*, 1945, 47, 195-210.
330. Hallowell, A. I. "Popular" responses and cultural differences. *Rorschach Res. Exch.*, 1945, 9, 153-168.
331. Halpern, F. Rorschach interpretation of the personality structure of schizophrenics who benefit from insulin therapy. *Psychiat. Quart.*, 1940, 14, 826-833.

332. Halpern, F. Studies of comparative drinkers: psychological test results. *Quart. J. Stud. Alcohol.*, 1946, 6, 468-479.
333. Halpern, F. The Rorschach Test and other projective techniques. In *Spiegel, E. A. Progress in Neurology and Psychiatry*. New York: Grune and Stratton, 1946, 425-434; 487-498; 549-562; 615-624.
334. Halpern, F. Projective tests in personality investigation of children. *J. Pediat.*, 1951, 38, 770-775.
335. Halpern, F. *A Clinical Approach to Children's Rorschachs*. New York: Grune and Stratton, 1953, xiii + 270 pp.
336. Hamlin, R. M., Albee, G. W., and Leland, E. M. Objective Rorschach "signs" for groups of normal, maladjusted, and neuropsychiatric subjects. *J. Consult. Psychol.*, 1950, 14, 276-282.
337. Hamlin, R. M. and Kogan, W. S. Vi. Objectification in Rorschach interpretation. *J. Pers.*, 1948, 17, 177-181.
338. Hammond, K. R. A tabulation method for analyzing Rorschach scores. *J. Clin. Psychol.*, 1951, 7, 276-279.
339. Hammond, K. R. and Allen, J. R. *Writing Clinical Reports*. New York: Prentice-Hall, 1953, xii + 235 pp.
340. Hanfmann, E. William Stern on Projective Techniques. *J. Pers.*, 1952, 21, 1-21.
341. Harris, R. E. and Christiansen, C. Prediction of response to brief psychotherapy. *J. Psychol.*, 1946, 21, 269-284.
342. Harrison, R. The T A T and Rorschach method of personality investigation in clinical practice. *J. Psychol.*, 1943, 18, 49-74.
343. Harrower, G. and Cox, K. The results obtained from a number of occupational groups on the professional level with the Rorschach Group Method. *Bull. Canad. Psychol. Ass.*, 1943, 3, 31-33.
344. Harrower, M. R. Group techniques for the Rorschach Test. In *Abt, L. E. and Bellak, L. Projective Psychology*. New York: Knopf, 1950, 146-184.
345. Harrower, M. R. Visual aids in the presentation of test findings. *J. Proj. Tech.*, 1951, 15, 380-387.
346. Harrower, M. R. *Appraising Personality*. New York: Norton, 1952, xvii + 197 pp.
347. Harrower, M. R. and Steiner, M. E. *Large Scale Rorschach Techniques*. Springfield, Ill.: Thomas, 1951, 2nd ed., xx + 353 pp.
348. Harrower-Erickson, M. R. The contribution of the Rorschach method to wartime psychological problems. *J. Ment. Sci.*, 1940, 86, 366-377.
349. Harrower-Erickson, M. R. Personality changes accompanying cerebral lesions. I. Rorschach studies of patient with cerebral tumors. *Arch. Neurol. Psychiat.*, Chicago, 1940, 43, 859-890.
350. Harrower-Erickson, M. R. Personality changes accompanying cerebral lesions. II. Studies of patients with focal epilepsy. *Arch. Neurol. Psychiat.*, Chicago, 1940, 43, 1081-1107.
351. Harrower-Erickson, M. R. Psychological studies of patients with epileptic seizures. In *Penfield, W. and Erickson, T. C. Epilepsy and Cerebral Localization*, Springfield, Ill.: Thomas, 1941, 546-574.
352. Harrower-Erickson, M. R. Modification of the Rorschach method for use as a group test. *Rorschach Res. Exch.*, 1941, 5, 130-141.
353. Harrower-Erickson, M. R. Directions for administration of the Rorschach Group Test. *Rorschach Res. Exch.*, 1941, 5, 145-153.

354. Harrower-Erickson, M. R. The patient and his personality. *McGill Med. J.*, 1941, 11, No. 1, 25-40.
355. Harrower-Erickson, M. R. Clinical use of psychological tests. *McGill Med. J.*, 1941, 11, No. 2, 105-109.
356. Harrower-Erickson, M. R. Personality changes accompanying organic brain lesions: III. A study of preadolescent children. *J. Genet. Psychol.*, 1911, 58, 391-405.
357. Harrower-Erickson, M. R. The value and limitations of the so-called "neurotic signs." *Rorschach Res. Exch.*, 1942, 6, 109-111.
358. Harrower-Erickson, M. R. Group test techniques: a discussion of an eclectic group method. *Rorschach Res. Exch.*, 1942, 6, 147-152.
359. Harrower-Erickson, M. R. Diagnosis of psychogenic factors in disease by means of the Rorschach method. *Psychiat. Quart.*, 1943, 17, 57-66.
360. Harrower-Erickson, M. R. Large scale investigation with the Rorschach method. *J. Consult. Psychol.*, 1943, 7, 120-126.
361. Harrower-Erickson, M. R. Personality testing in penal institutions. *Probation*, 1943, 22, 1-6.
362. Harrower-Erickson, M. R. A multiple choice test for screening purposes. *Psychosom. Med.*, 1943, 5, 331-341.
363. Harrower-Erickson, M. R. Developments of the Rorschach test for large scale application. *Rorschach Res. Exch.*, 1944, 8, 125-140.
364. Harrower-Erickson, M. R. The Rorschach test. *J. Ass. Amer. Med. Coll.*, 1944, 19, 193-200.
365. Harrower-Erickson, M. R. Modification of the Rorschach method for large scale investigations. *Res. Publ. Ass. Nerv. Ment. Dis.*, 1946, 25, 340-344.
366. Harrower-Erickson, M. R. Group techniques for the Rorschach test. In *Abt, L. E. and Bellak, L. Projective Psychology*, New York: Knopf, 1950, 146-184.
367. Harrower-Erickson, M. R. and Miale, F. R. Personality changes accompanying organic brain lesions; pre- and post-operative study of two preadolescent children. *Rorschach Res. Exch.*, 1910, 4, 8-25.
368. Harrower-Erickson, M. R. and Steiner, M. E. Modification of the Rorschach method for use as a group test. *J. Genet. Psychol.*, 1943, 62, 119-133.
369. Harrower-Erickson, M. R. and Steiner, M. E. *Large Scale Rorschach Techniques*. Springfield, Ill.: Thomas, 1951, 2nd ed., xx + 353 pp.
370. Harrower-Erickson, M. R., Washburne, A. C., and Jacobs, J. S. L. A preliminary screening test for disturbances in personality. *Bull. Canad. Psychol. Ass.*, 1944, 4, 4-6.
371. Hartoch, A. and Schachtel, E. The Rorschach Test. In *Biber, B., et al., Child Life in School*.
372. Hays, W. Age and sex differences on the Rorschach experience balance. *J. Abnorm. Soc. Psychol.*, 1952, 47, 390-393.
373. Hartoch, A., Gellerman, S., and Sloan, W. A study of the relationship between the verb-adjective quotient and the Rorschach experience balance. *J. Clin. Psychol.*, 1951, 7, 224-227.
374. Hecht, I. *The Differentiation of Certain Psychosomatic Groups in Terms of Psychometric Patterns*. 1949, Ph.D., New York U.
375. Hemmendinger, L. *A Genetic Study of Structural Aspects of Perception as Reflected in the Rorschach Test Responses*. 1951, Ph.D., Clark U.

376. Hemmendinger, L. Perceptual organization and development as reflected in the structure of the Rorschach test responses. *J. Proj. Tech.*, 1953, 17, 162-170.
377. Henry, J. Rorschach technique in primitive cultures. *Amer. J. Orthopsychiat.*, 1941, 11, 230-234.
378. Hershenson, J. R. Preferences of adolescents for Rorschach figures. *Child Developm.*, 1949, 20, 101-118.
379. Hertz, H. and Sicha, M. H. Binder's shading responses. *Rorschach Res. Exch.*, 1938, 2, 79-89.
380. Hertz, H. and Sicha, M. H. A Rorschach comparison between best and least adjusted girls in a training school. *Rorschach Res. Exch.*, 1939, 3, 134-150.
381. Hertz, M. R. The reliability of the Rorschach Ink-Blot test. *J. Appl. Psychol.*, 1934, 18, 461-477.
382. Hertz, M. R. The Rorschach ink-blot test: historic summary. *Psychol. Bull.*, 1935, 32, 33-66.
383. Hertz, M. R. Rorschach norms for an adolescent age group. *Child Developm.*, 1935, 6, 69-76.
384. Hertz, M. R. The method of administration of the Rorschach test. *Child Developm.*, 1936, 7, 237-254.
385. Hertz, M. R. The normal details in the Rorschach ink-blot test. *Rorschach Res. Exch.*, 1936-37, 1, 104-121.
386. Hertz, M. R. Discussion on S. J. Beck's "Some recent Rorschach problems." *Rorschach Res. Exch.*, 1937, 2, 53-65.
387. Hertz, M. R. Scoring the Rorschach test with specific reference to "normal detail" category. *Amer. J. Orthopsychiat.*, 1938, 8, 100-121.
388. Hertz, M. R. *Frequency tables*. Cleveland: Western Reserve Univ. Press, 1936.
389. Hertz, M. R. The "popular" response factor in Rorschach scoring. *J. Psychol.*, 1938, 6, 3-31.
390. Hertz, M. R. On the standardization of the Rorschach method. *Rorschach Res. Exch.*, 1939, 3, 120-133.
391. Hertz, M. R. Scoring the Rorschach ink-blot test. *J. Genet. Psychol.*, 1939, 52, 15-64.
392. Hertz, M. R. Problems on the validity of the Rorschach method. *Rorschach Res. Exch.*, 1940, 4, 104-105.
393. Hertz, M. R. Some personality changes in adolescence as revealed by the Rorschach method. *Psychol. Bull.*, 1940, 37, 515-516.
394. Hertz, M. R. The shading response in the Rorschach ink-blot test: a review of its scoring and interpretation. *J. Gen. Psychol.*, 1940, 23, 123-167.
395. Hertz, M. R. Rorschach: twenty years after. *Rorschach Res. Exch.*, 1941, 5, 90-129.
396. Hertz, M. R. Rorschach: twenty years after. *Psychol. Bull.*, 1942, 39, 529-572.
397. Hertz, M. R. Evaluation of the Rorschach method in its application to normal childhood and adolescence. *Charact. & Pers.*, 1941-42, 10, 151-162.
398. Hertz, M. R. Validity of the Rorschach method. *Amer. J. Orthopsychiat.*, 1941, 11, 512-519.
399. Hertz, M. R. Comments on the standardization of the Rorschach group method. *Rorschach Res. Exch.*, 1942, 6, 153-159.

400. Hertz, M. R. The Rorschach method: science or mystery. *J. Consult. Psychol.*, 1943, 7, 67-80.
401. Hertz, M. R. The scoring of the Rorschach ink-blot method as developed by the Brush Foundation. *Rorschach Res. Exch.*, 1942, 6, 16-27.
402. Hertz, M. R. Personality patterns as portrayed by the Rorschach Ink-Blot test. I. Movement factor. *J. Gen. Psychol.*, 1942, 27, 119-188.
403. Hertz, M. R. Personality patterns. III. The "erlebnistypus" a normative study. *J. Gen. Psychol.*, 1943, 28, 225-276.
404. Hertz, M. R. Personality patterns. IV. The "erlebnistypus" a typological study. *J. Gen. Psychol.*, 1943, 29, 3-45.
405. Hertz, M. R. Modification of the Rorschach ink-blot test for large scale application. *Amer. J. Orthopsychiat.*, 1943, 13, 191-212.
406. Hertz, M. R. The role of the Rorschach method in planning for treatment. *Rorschach Res. Exch.*, 1945, 9, 134-146.
407. Hertz, M. R. Rorschach methods and other projective techniques. *Rev. Educ. Res.*, 1947, 17, 78-100.
408. Hertz, M. R. Suicidal configurations in Rorschach records. *Rorschach Res. Exch.*, 1948, 12, 3-58.
409. Hertz, M. R. Further study of "suicidal" configurations in Rorschach records. *Rorschach Res. Exch.*, 1949, 13, 44-73.
410. Hertz, M. R. The first international Rorschach conference. *J. Proj. Tech.*, 1950, 14, 39-51.
411. Hertz, M. R. The Rorschach: thirty years after. In Brower, D. and Abt, L. E. *Progress in Clinical Psychology*, Vol. I, Section 1. New York: Grune & Stratton, 1952, 108-148.
412. Hertz, M. R. *Frequency Tables for Scoring Responses to the Rorschach Ink-blot test*. Cleveland, O.: Western Reserve Press, 3rd ed., 1951, ii + 240 pp.
413. Hertz, M. R. and Baker, E. Personality patterns in adolescence as portrayed by the Rorschach ink-blot method: II. the color factors. *J. Gen. Psychol.*, 1943, 28, 3-61.
414. Hertz, M. R. and Ebert, E. H. The mental procedures of six and eight year old children as revealed by the Rorschach Ink-Blot method. *Rorschach Res. Exch.*, 1944, 8, 10-30.
415. Hertz, M. R., Ellis, A., and Symonds, P. M. *Rorschach methods and other projective techniques*. *Rev. Educ. Res.*, 1947, 17, 78-100.
416. Hertz, M. R. and Kennedy, S. The M factor in estimating intelligence. *Rorschach Res. Exch.*, 1940, 4, 105-106.
417. Hertz, M. R. and Rubenstein, B. B. A comparison of three blind Rorschach analyses. *Amer. J. Orthopsychiat.*, 1939, 9, 295-315.
418. Hertzman, M. A comparison of the individual and group Rorschach tests. *Rorschach Res. Exch.*, 1942, 6, 89-108.
419. Hertzman, M. Recent research on the group Rorschach test. *Rorschach Res. Exch.*, 1943, 7, 1-6.
420. Hertzman, M. and Margulies, H. Developmental changes in Rorschach test responses. *J. Genet. Psychol.*, 1943, 62, 189-216.
421. Hertzman, M., Orlansky, J., and Seitz, C. P. Rorschach reactions at high altitudes. *J. Psychol.*, 1942, 14, 245.
422. Hertzman, M., Orlansky, J., and Seitz, C. P. Personality organization and anoxia tolerance. *Psychosom. Med.*, 1944, 6, 317-331.

423. Hertzman, M. and Pearce, J. The personal meaning of the human figure in the Rorschach. *Psychiatry*, 1947, 10, 413-422.
424. Hertzman, M., Smith, G. M., and Clark, K. B. The relation between changes in the angioscotoma and certain Rorschach signs under prolonged mild anoxia. *J. Gen. Psychol.*, 1949, 41, 263-271.
425. Hilden, A. H. A Rorschach succession chart. *J. Psychol.*, 1946, 22, 53-58.
426. Himelhoch, J. Tolerance and personality needs. *Amer. Sociol. Rev.*, 1950, 15, 79-88.
427. Hire, A. W. A group administration of the Rorschach. *J. Consult. Psychol.*, 1950, 14, 496-499.
428. Hirning, C. C. Case studies in schizophrenia. *Rorschach Res. Exch.*, 1939, 3, 66-90.
429. Hitch, K. S. Rorschach examinations in acute psychiatric admissions. *J. Nerv. Ment. Dis.*, 1943, 97, 27-39.
430. Hitch, K. S. A diagnosis of cerebral arteriosclerosis. *Psychiat. Quart.*, 1947, 17, 81-86.
431. Holtzman, W. H. Validation studies of the Rorschach test: impulsiveness in the normal superior adult. *J. Clin. Psychol.*, 1950, 6, 348-351.
432. Holtzman, W. H. Validation studies: shyness and gregariousness in the normal superior adult. *J. Clin. Psychol.*, 1950, 6, 343-347.
433. Holzberg, J. and Belmont, L. The relationship between factors on the Wechsler-Bellevue and Rorschach having common psychological rationale. *J. Consult. Psychol.*, 1952, 16, 23-29.
434. Holzberg, J. and Cohen, E. R. The relationship between psychiatric improvement and certain pathologic changes in the Rorschach during electroconvulsive therapy. *J. Clin. Expt. Psychopath.*, 1952, 13, 237-246.
435. Holzberg, J. and Wexler, M. The predicability of schizophrenic performance on the Rorschach test. *J. Consult. Psychol.*, 1950, 14, 395-399.
436. Holzman, G. G. and Holzman, E. E. An evaluation of personality analysis in the general practice of medicine. *Rorschach Res. Exch.*, 1941, 5, 67-71.
437. Hsu, E. H. The Rorschach responses and factor analysis. *J. Gen. Psychol.*, 1947, 37, 129-138.
438. Hughes, H., Epstein, L. J., and Jost, H. The relationship between certain measurable functions of autonomic nervous system activity and color responses on the Rorschach test. *J. Clin. Psychol.*, 1951, 7, 244-248.
439. Hughes, R. M. *A Factor Analysis of Rorschach Diagnostic Signs*. 1948, Ph.D., U. North Carolina.
440. Hughes, R. M. Rorschach signs for the diagnosis of organic pathology. *Rorschach Res. Exch.*, 1948, 12, 165-167.
441. Hunter, M. *A Study of the Rorschach "Erlebnistypus" of Comparable White and Negro Adults*. Ph.D., Columbia U.
442. Hunter, M. Responses of comparable white and Negro adults to the Rorschach test. *J. Psychol.*, 1937, 8, 173-182.
443. Hunter, M. The practical value of the Rorschach test in a psychological clinic. *Amer. J. Orthopsychiat.*, 1939, 9, 287-295.
444. Hutt, M. L. The use of projective methods of personality measurement in Army medical installations. *J. Clin. Psychol.*, 1945, 1, 134-140.
445. Hutt, M. L. Projective techniques in guidance. In Donohue, R. *Measurement of Student Adjustment and Achievement*. 59-70.

446. Hutt, M. L., Gibby, R., Milton, E. O., and Potthurst, K. The effects of varied experimental "sets" upon the Rorschach test performance. *J. Proj. Tech.*, 1950, 14, 181-187.
447. Hutt, M. L. and Milton, E. O. An analysis of duties performed by clinical psychologists in the Army. *Amer. Psychologist*, 1947, 2, 52-58.
448. Hutt, M. L. and Shor, J. Rationale for routine Rorschach "testing-the-limits." *Rorschach Res. Exch.*, 1946, 10, 70-76.
449. Ingebregtse, E. Some experimental contributions to the psychology and psychopathology of stutterers. *Amer. J. Orthopsychiat.* 1936, 6, 630-651.
450. Ingram, W. *Prediction of Aggression from the Rorschach Test*. 1950, Ph.D., Northwestern U.
451. International Psychological Service Center. A Standard method for recording Rorschach test administration and computation procedures. *Psychol. Serv. Center J.*, 1941, 1, 21-28.
452. Ives, V., McFate, M. Q., and Ranzoni, J. H. The "neurotic" Rorschachs of normal adolescents. *J. Genet. Psychol.*, in press.
453. Jackson, J. H. Section III. On classification and on methods of investigation. In *Selected Writings of John Hughlings Jackson*, Vol. I. London: Hodder and Stoughton, 1931.
454. Jacob, Z. Some suggestions on the use of content symbolism. *Rorschach Res. Exch.*, 1944, 8, 40-41.
455. Jacobson, W. A study of personality development in a high school girl. *Rorschach Res. Exch.*, 1937, 2, 23-35.
456. Janis, M. G. and Janis, I. L. A supplementary test based on free associations to Rorschach responses. *Rorschach Res. Exch.*, 1946, 10, 1-19.
457. Janoff, I. Z. *The Relation between Rorschach Form Quality Measures and Children's Behavior*. 1951, Ph.D., Yale U.
458. Jastak, J. Rorschach performances of alcoholic patients. *Delaware St. Med. J.*, 1940, 12, 120-123.
459. Jensen, B. and Rotter, J. B. The validity of the multiple choice Rorschach test in officer candidate selection. *Psychol. Bull.*, 1945, 42, 182-185.
460. Jensen, B. and Rotter, J. B. The value of thirteen psychological tests in officer candidate screening. *J. Appl. Psychol.*, 1947, 31, 312-322.
461. Joel, W. The interpersonal equation in projective methods. *Rorschach Res. Exch.*, 1949, 13, 479-482.
462. Johnson, C. E. and Sherman, J. E. The clinical significance of the Rorschach test. *Amer. J. Psychiat.*, 1949, 104, 730-737.
463. Jolles, I. A study of mental deficiency by the Rorschach technique. *Amer. J. Ment. Def.*, 1947, 52, 37-42.
464. Jolles, I. The diagnostic implications of Rorschach's test in case studies of mental defectives. *Genet. Psychol. Monogr.*, 1947, 36, 89-197.
465. Joseph, A. and Murray, V. *Chamorro and Carolinians of Saipan; Personality Studies*. Cambridge: Harvard U. Press, 1951.
466. Journal of Consulting Psychology. The Rorschach method. *J. Consult. Psychol.*, 1943, 7, No. 2.
467. Kaback, G. R. *Vocational Personalities*. New York: Bureau of Publications, Teachers College, Columbia U., 1946.
468. Kaback, G. R. The vocational guidance process and the Rorschach method. *Occupations*. 1946, 24, 203-207.

469. Kadinski, D. Human whole and detail responses on the Rorschach test. *Rorschach Res. Exch.*, 1946, 10, 140-144.
470. Kaldegg, A. Migraine patients. *J. Ment. Sci.*, 1952, 98, 672-682.
471. Kaldegg, A. and O'Neil, D. Rorschach patterns in duodenal ulcer. *J. Ment. Sci.*, 1950, 96, 190-198.
472. Kallmann, F. J., Barrera, S. E., Hody, P., and Kelley, D. M. The role of mental deficiency in the incidence of schizophrenia. *Amer. J. Ment. Def.*, 1941, 45, 514-539.
473. Kallstedt, F. E. A Rorschach study of 66 adolescents. *J. Clin. Psychol.*, 1952, 8, 129-132.
474. Kamman, G. R. The Rorschach as a therapeutic agent. *Amer. J. Orthopsychiat.*, 1944, 14, 21-27.
475. Kamman, G. R. The value of the Rorschach test. *Minn. Med.*, 1949, 32, 621-624.
476. Kantor, R. E., Wallner, J. M., and Winder, C. L. Process and reactive schizophrenia. *J. Consult. Psychol.*, 1953, 17, 157-162.
477. Kaplan, A. H., Miale, F. R., and Clapp, H. Clinical validation of a Rorschach interpretation. *Rorschach Res. Exch.*, 1937-38, 2, 153-163.
478. Kapp, F. T., Rosenbaum, M., and Romano, J. Psychological factors in men with peptic ulcers. *Amer. J. Psychiat.*, 1947, 103, 700-704.
479. Karlan, S. C. and Heller, E. Chronic alcoholism; psychiatric and Rorschach evaluation. *J. Clin. Psychopath.*, 1946, 8, 291-300.
480. Kates, S. L. Objective Rorschach response patterns differentiating anxiety reactions from obsessive-compulsive reactions. *J. Consult. Psychol.*, 1950, 14, 226-229.
481. Kates, S. L. Rorschach responses related to vocational interests and job satisfaction. *Psychol. Monogr.*, 1950, 64, No. 309.
482. Kay, L. W. and Vorhaus, P. G. Rorschach reactions in early childhood, Part II. *Rorschach Res. Exch.*, 1943, 7, 71-78.
483. Keehn, J. D. Rorschach validation. I: a rationale. *J. Ment. Sci.*, 1952, 98, 697-706.
484. Keehn, J. D. Rorschach validation. II: the validity of colour shock in the diagnosis of neuroticism. *J. Ment. Sci.*, 1953, 99, 224-234.
485. Keehn, J. D. Rorschach validation. III: an examination of the role of colour as a determinant in the Rorschach test. *J. Ment. Sci.*, 1953, 99, 410-438.
486. Kelley, D. M. The present state of the Rorschach method as a psychiatric adjunct. *Rorschach Res. Exch.*, 1940, 4, 30-36.
487. Kelley, D. M. Survey of the training facilities for the Rorschach method in the U. S. A. *Rorschach Res. Exch.*, 1940, 4, 84-87.
488. Kelley, D. M. A questionnaire for the study and possible standardization of the technique of the Rorschach method. *Rorschach Res. Exch.*, 1941, 5, 62-66.
489. Kelley, D. M. The Rorschach method as a means for the determination of the impairment of abstract behavior. *Rorschach Res. Exch.*, 1941, 5, 85-87.
490. Kelley, D. M. Intravenous sodium amytal medication as an aid to the Rorschach method. *Psychiat. Quart.*, 1941, 15, 68-73.
491. Kelley, D. M. Requirements for Rorschach training. *Rorschach Res. Exch.*, 1942, 6, 74-77.

492. Kelley, D. M. Preliminary studies of the Rorschach records of the Nazi war criminals. *Rorschach Res. Exch.*, 1946, 10, 45-48.
493. Kelley, D. M. Clinical reality and projective techniques. *Amer. J. Psychiat.*, 1951, 107, 753.
494. Kelley, D. M. and Barrera, S. E. The Rorschach method in the study of mental deficiency. A resume. *Amer. J. Ment. Def.*, 1941, 45, 401-407.
495. Kelley, D. M. and Barrera, S. E. Rorschach studies in acute experimental alcoholic intoxication. *Amer. J. Psychiat.*, 1941, 97, 1341-1364.
496. Kelley, D. M. and Margulies, H. Rorschach case studies in the convulsive states. *Rorschach Res. Exch.*, 1940, 4, 157-189.
497. Kelley, D. M., Margulies, H. and Barrera, S. E. The stability of the Rorschach method as demonstrated in electric convulsive therapy cases. *Rorschach Res. Exch.*, 1941, 5, 44-48.
498. Kelley, D. M. and Rieti, E. The Geneva approach to the Rorschach method. *Rorschach Res. Exch.*, 1939, 3, 195-201.
499. Kellman, S. A proposed revision of the multiple choice Rorschach: theoretical and methodical problems. *Rorschach Res. Exch.*, 1949, 13, 244.
500. Kellman, S. Multiple Choice Rorschach. In Weider, A. (ed) *Contributions toward Medical Psychology*. New York: Ronald, 1953, 625-635.
501. Kemple, C. Rorschach method and psychosomatic diagnosis. *Psychosom. Med.*, 1945, 7, 85-89.
502. Kemple, C. The Rorschach method in psychosomatic problems: I. a case of hypertensive cardiovascular disease. *Rorschach Res. Exch.*, 1946, 10, 130-139.
503. Kemple, C. A comparative study of three projective methods: a case of rheumatic heart disease. *Rorschach Res. Exch.*, 1947, 11, 26-40.
504. Kendig, I. V. Projective techniques as a psychological tool in diagnosis. *J. Clin. Psychopath. Psychother.*, 1944, 6, 101-110.
505. Kendig, I. V. Rorschach indications for the diagnosis of schizophrenia. *Rorschach Res. Exch.*, 1949, 13, 142-149.
506. Kerr, M. The Rorschach test applied to children. *Brit. J. Psychol.*, 1934, 25, 170-185.
507. Kerr, M. Temperamental differences in twins. *Brit. J. Psychol.*, 1936, 27, 51-59.
508. Kettleman, N. *A Rorschach Approach to the Dynamics of Epileptic Behavior*. 1949, M. A., Northwestern U.
509. Keyes, E. J. *An Experimental Investigation of Some Sources of Variance in the Whole Response to the Rorschach Inkblots*. 1951, Ph.D., St. U. Iowa.
510. Kimball, A. J. History of form-level appraisal in the Rorschach. *J. Proj. Tech.*, 1950, 14, 134-152.
511. Kimball, A. J. Evaluation of form-level in the Rorschach. *J. Proj. Tech.*, 1950, 14, 219-244.
512. Kimble, G. A. Social influence on Rorschach records. *J. Abnorm. Soc. Psychol.*, 1945, 40, 89-93.
513. Kisker, G. W. A projective approach to personality patterns during insulin-shock and metrazol therapy. *J. Abnorm. Soc. Psychol.*, 1942, 37, 120-124.
514. Kisker, G. W. The Rorschach analysis of psychotics subjected to neurosurgical interruption of the thalamo-cortical projections. *Psychiat. Quart.*, 1949, 18, 43-52.

515. Kisker, G. W. and Michael, N. A Rorschach study of psychotic personality in uniovular twins. *J. Nerv. Ment. Dis.*, 1941, 94, 461-465.
516. Kitzinger, H., et al. A preliminary study of the effects of glutamic acid on catatonic schizophrenics. *Rorschach Res. Exch.*, 1949, 13, 210-218.
517. Kjenas, N. K. and Brozek, J. Personality in experimental semistarvation. *Psychosom. Med.*, 1952, 14, 115-128.
518. Klatskin, E. H. An analysis of the effect of the test situation upon the Rorschach record. *J. Proj. Tech.*, 1952, 16, 193-199.
519. Klebanoff, S. G. A Rorschach study of operational fatigue in Army Air Forces combat personnel. *Rorschach Res. Exch.*, 1946, 10, 115-120.
520. Klebanoff, S. G. The Rorschach test in an analysis of personality in general paresis. *J. Pers.*, 1949, 17, 261-272.
521. Klehr, H. C. Description of a social service follow-up study. *Amer. J. Orthopsychiat.*, 1951, 21, 378-386.
522. Klein, G. S. and Schlesinger, H. J. Perceptual attitudes toward instability. I. Prediction of apparent movement experiences from Rorschach responses. *J. Pers.*, 1951, 19, 289-302.
523. Kline, N. S. Characteristics and screening of unsatisfactory psychiatric attendants and attendant applicants. *Amer. J. Psychiat.*, 1950, 106, 573-586.
524. Klopfer, B. Materials for comparative case study of a chronic arthritic personality. II. Rorschach interpretation. *Rorschach Res. Exch.*, 1936, 1, 50-51.
525. Klopfer, B. Personality studies of cases with lesions of the frontal lobes: III. Rorschach study of bilateral lobectomy case B. *Rorschach Res. Exch.*, 1936, 1, 83-88.
526. Klopfer, B. The present status of the theoretical development of the Rorschach method. *Rorschach Res. Exch.*, 1936, 1, 142-148.
527. Klopfer, B. The technique of the Rorschach performance. *Rorschach Res. Exch.*, 1938, 2, 1-14.
528. Klopfer, B. The shading responses. *Rorschach Res. Exch.*, 1938, 2, 76-79.
529. Klopfer, B. A further study of Mr. A. *Rorschach Res. Exch.*, 1939, 3, 31-35.
530. Klopfer, B. Shall the Rorschach method be standardized? *Rorschach Res. Exch.*, 1939, 3, 45-54.
531. Klopfer, B. The interplay between intellectual and emotional factors in personality diagnosis. *Proc. 6th Inst. Excerpt. Child, Child Res. Clin.* 1939, 41-47.
532. Klopfer, B. Personality aspects revealed by the Rorschach method. *Rorschach Res. Exch.*, 1940, 4, 26-29.
533. Klopfer, B. Instruction in the Rorschach method. *J. Consult. Psychol.*, 1943, 7, 112-119.
534. Klopfer, B. Personality diagnosis in childhood. In Lewis, N. D. C. and Pacella, B. *Modern Trends in Child Psychology*, New York: International Universities Press, 1945, 89-101.
535. Klopfer, B. Rorschach method. In Harriman, P. L. (ed) *Encyclopedia of Psychology*, New York: Philosophical Library, 1946. 834-837.
536. Klopfer, B. Section VII. The Rorschach test. In *Dept. of Army and the Air Force TM8-242, AFM 160-45*, Washington, D. C.: U. S. Govt. Printing Office, 1951. 39-54.

537. Klopfer, B., Burchard, E. M. L., Kelley, D. M., and Miale, F. R. Theory and technique of Rorschach interpretation. *Rorschach Res. Exch.*, 1939, 3, 152-194.
538. Klopfer, B. and Davidson, H. H. *Record Blank for the Rorschach Method*. New York: Rorschach Inst., 1939.
539. Klopfer, B. and Davidson, H. H. Form-level rating. *Rorschach Res. Exch.*, 1944, 8, 164-177.
540. Klopfer, B. and Davidson, H. H. *The Rorschach Technique: 1946 Supplement*. New York: World Book, 1946.
541. Klopfer, B., Davidson, H., Holtzman, E., Kelley, D. M., Margulies, H., Miale, F. R., and Wolfson, R. The technique of Rorschach scoring and tabulation. *Rorschach Res. Exch.*, 1940, 4, 45-83.
542. Klopfer, B. and Kelley, D. M. *The Rorschach Technique*. New York: World Book, 1942, x + 436 pp.
543. Klopfer, B., Kirkner, F. J., Wisham, W., and Baker G. Rorschach prognostic rating scale. *J. Proj. Tech.*, 1951, 15, 425-428.
544. Klopfer, B., Krugman, M., Kelley, D. M., Murphy, L., and Shakow, D. Shall the Rorschach method be standardized? *Amer. J. Orthopsychiat.*, 1939, 9, 514-529.
545. Klopfer, B. and Margulies, H. Rorschach reactions in early childhood. *Rorschach Res. Exch.*, 1941, 5, 1-23.
546. Klopfer, B. and Miale, F. R. An illustration of the technique of the Rorschach interpretation: The case of Ann T. *Rorschach Res. Exch.*, 1938, 2, 126-152.
547. Klopfer, B. and Sender, S. A system of refined scoring symbols. *Rorschach Res. Exch.*, 1936-37, 1, 19-22.
548. Klopfer, B. and Tallman, G. Rorschach study of a bilateral lobectomy case. *Rorschach Res. Exch.*, 1937, 1, 31.
549. Klopfer, B. and Tallman, G. Rorschach study of Mr. A. *Rorschach Res. Exch.*, 1938, 3, 77.
550. Klopfer, W. G. The efficacy of group therapy as indicated by the Group Rorschach records. *Rorschach Res. Exch.*, 1945, 9, 207-209.
551. Klopfer, W. G. Personality patterns of old age. *Rorschach Res. Exch.*, 1946, 10, 145-166.
552. Klopfer, W. G. *Suggestions for the systematic analysis of Rorschach records*. Los Angeles, Calif.: The Student Store, U. of California, L. A., 1949, 16 pp., mimeographed.
553. Koff, S. A. The Rorschach test in the differential diagnosis of cerebral concussion and psychoneurosis. *Bull. U. S. Army Med. Dep.*, 1946, 5, 170-173.
554. Kogan, K. L. The diagnosis of a patient with organic defect. *J. Pers.*, 1946, 15, 113-120.
555. Kogan, W. Shifts in Rorschach patterns during a critical period in the institutional experience of a group of delinquent boys. *Rorschach Res. Exch.*, 1940, 4, 131-133.
556. Korner, A. F. Theoretical considerations concerning the scope and limitations of projective techniques. *J. Abnorm. Soc. Psychol.*, 1950, 45, 619-627.
557. Kornhauser, A. Replies of psychologists to a short questionnaire on mental test developments, personality inventories, and the Rorschach test. *Educ. Psychol. Measmt.*, 1945, 5, 3-15.

558. Kotkov, B. and Meadow, A. Rorschach criteria for predicting continuation in individual psychotherapy. *J. Consult. Psychol.*, 1953, 17, 16-20.
559. Kotkov, B. and Meadow, A. Rorschach criteria for continuing group therapy. *Int. J. Group Psychother.*, in press.
560. Kotkov, B. and Murawski, B. A Rorschach study of the personality structure of obese women. *J. Clin. Psychol.*, 1952, 8, 391-396.
561. Kouwer, B. J. *Colors and Their Character*. Hague: Nyhoff, 1949, 191 pp.
562. Krafft, M. R. Value of the Rorschach test to case work. *Smith Coll. Stud. Soc. Work*, 1940, 11, 153-154.
563. Krafft, M. R. and Vorhaus, P. G. The application of the Rorschach method in a family case work agency. *Rorschach Res. Exch.*, 1943, 7, 27-35.
564. Kral, V. A. and Dorken, H. A comparative psychological study of hyperkinetic and akinetic extrapyramidal disorders. *Arch. Neurol. Psychiat.*, 1951, 66, 431-442.
565. Kral, V. A. and Dorken, H. The influence of sub-cortical brain lesions on emotionality as reflected in the Rorschach color responses. *Amer. J. Psychiat.*, 1951, 107, 839-843.
566. Kral, V. A. and Dorken, H. Deterioration in dementia paralytica. *Amer. J. Psychiat.*, 1953, 109, 684-692.
567. Krauss, S. Post-choreic personality and neuroses. *J. Ment. Sci.*, 1946, 92, 75-95.
568. Kreinheder, A. Objective measurements of reality-contact weakness. *Psychol. Monogr.*, 1952, 66, 1-23.
569. Krout, J., Krout, M. H., and Dulin, T. J. Rorschach test-retest as a gauge of progress in psychotherapy. *J. Clin. Psychol.*, 1952, 8, 380-384.
570. Krugman, J. A clinical validation of the Rorschach problem with children. *Rorschach Res. Exch.*, 1942, 6, 61-70.
571. Krugman, M. Out of the ink-well. *Charact. & Pers.*, 1940, 9, 91-100; *Rorschach Res. Exch.*, 1940, 4, 91-101.
572. Krugman, M. Rorschach examination in a child guidance clinic. *Amer. J. Orthopsychiat.*, 1941, 11, 503-512; *J. Consult. Psychol.*, 1943, 7, 80-88.
573. Krugman, M. Psychosomatic study of fifty stuttering children. Round Table. Rorschach study. *Amer. J. Orthopsychiat.*, 1946, 16, 127-133.
574. Kuhlmann, F. M. and Robinson, H. P. Rorschach tests as a diagnostic tool in adoption studies. *Soc. Casework*, 1951, 32, 15-22.
575. Kurtz, A. K. A research test of the Rorschach test. *Personnel Psychol.*, 1948, 1, 41-51.
576. Kutash, S. B. The Rorschach examination and psychotherapy. *Amer. J. Psychother.*, 1951, 5, 405-410.
577. Lacey, J. I., Bateman, D. E., and VanLehn, R. Autonomic response specificity and Rorschach color responses. *Psychosom. Med.*, 1952, 14, 256-260.
578. Landis, C. and Bolles, M. *Personality and Sexuality of the Physically Handicapped Woman*. New York: Hoeber, 1942, xii + 171 pp.
579. Landisberg, S. Relationship of the Rorschach to the H-T-P. *J. Clin. Psychol.*, 1953, 9, 179-183.
580. Lane, B. M. A validation test of the Rorschach movement interpretations. *Amer. J. Orthopsychiat.*, 1948, 18, 292-296.
581. Lantz, H. Rorschach testing in pre-literate cultures. *Amer. J. Orthopsychiat.*, 1948, 18, 287-291.

582. Lawshe, C. N. and Foster, M. H. Studies in projective techniques; the reliability of a multiple choice group Rorschach test. *J. Appl. Psychol.*, 1947, 31, 199-211.
583. Layman, J. W. A quantitative study of certain changes in schizophrenic patients under the influence of sodium amytal. *J. Gen. Psychol.*, 1940, 22, 67-86.
584. Lazarus, R. S. *An Experimental Analysis of the Influence of Color on the Protocol of the Rorschach Test*. 1948, Ph.D., U. Pittsburgh: *J. Pers.*, 1948, 17, 182-185.
585. Lazarus, R. S. The influence of color on the protocol of the Rorschach test. *J. Abnorm. Soc. Psychol.*, 1949, 44, 506-516.
586. Ledwith, N. *The Performance of Six Year Old Children on the Rorschach Ink Blot Test: A Normative Study*. 1949, Ph.D., U. Pittsburgh.
587. Ledwith, N. Rorschach responses of the elementary school child. *J. Proj. Tech.*, 1952, 16, 80-85.
588. Lefever, D. W. An attempt to quantify Rorschach responses. *Amer. Psychologist*, 1947, 2, 406.
589. Lehmann, H. E. and Dorken, H. Stress dynamics in psychiatric perspective. *Psychiatry*. 1952, 15, 387-393.
590. Levi, J. Rorschach patterns predicting success or failure in the rehabilitation of the physically handicapped. *J. Abnorm. Soc. Psychol.*, 1951, 46, 240-244.
591. Levi, J. and Kraemer, D. Significance of a preponderance of human movement responses on the Rorschach in children below age ten. *J. Proj. Tech.*, 1952, 16, 361-365.
592. Levine, K. A comparison of Graphic Rorschach production with scoring categories of the verbal record in normal states, organic brain disease, neurotic, and psychotic disorders. *Arch. Psychol.*, N. Y., 1943, 283, 63 p.
593. Levine, K. and Grassi, J. R. The relation between blot and concept in Graphic Rorschach responses. *Rorschach Res. Exch.*, 1942, 6, 71-73.
594. Levine, K., Grassi, J. R., and Gerson, M. J. Hypnotically induced mood changes in the verbal and graphic Rorschach: a case study. *Rorschach Res. Exch.*, 1943, 7, 130-144.
595. Levine, K., Grassi, J. R., and Gerson, M. J. Part II. Response records. *Rorschach Res. Exch.*, 1944, 8, 101-124.
596. Levinson, D. J. A note on the similarities and differences between projective tests and ability tests. *Psychol. Rev.*, 1946, 53, 189-194.
597. Levy, D. M. and Beck, S. J. The Rorschach test in manic-depressive psychosis. In *Manic-Depressive Psychosis*, Baltimore, Md.: Williams & Wilkins, 1931, 167-181; *Amer. J. Orthopsychiat.*, 1934, 4, 31-42.
598. Levy, J. R. Changes in the g. s. r. accompanying the Rorschach test. *J. Consult. Psychol.*, 1950, 14, 128-133.
599. Levy, R. J. The Rorschach pattern in neurodermatitis. *Psychosom. Med.*, 1952, 14, 41-49.
600. Linderfelt, F. M. *A comparative Study of the Rorschach Protocols of Japanese and Caucasian College Students*. 1949, M. A., U. Hawaii.
601. Lindner, R. M. A further contribution to the group Rorschach. *Rorschach Res. Exch.*, 1943, 7, 7-15.
602. Lindner, R. M. The Rorschach test and the diagnosis of the psychopathic delinquent. *J. Crim. Psychopath.*, 1943, 5, 69-93.

603. Lindner, R. M. Some significant Rorschach responses. *J. Crim. Psychopath.*, 1944, 5, 775-778.
604. Lindner, R. M. Content analysis in Rorschach work. *Rorschach Res. Exch.*, 1946, 10, 121-129.
605. Lindner, R. M. Analysis of the Rorschach test by content. *J. Clin. Psychopath.*, 1947, 8, 707-719.
606. Lindner, R. M. The content analysis of the Rorschach protocol. In *Abt, L. E. and Bellak, L. Projective Psychology*, New York: Knopf, 1950, 75-90.
607. Lindner, R. M. and Chapman, K. W. An eclectic group method. *Rorschach Res. Exch.*, 1942, 6, 139-146.
608. Lindner, R. M. and Chapman, K. W. The Group Rorschach: a screening device. *Yearb. Proc. 72nd Annual Congr. Correction*, 1942.
609. Lindner, R. M. and Seliger, R. V. Projective techniques and the medical psychologist. *Sth. Med. Surg.*, 1945, 107, 355-356.
610. Lindner, R. M. and Seliger, R. V. Content analysis in Rorschach work. *Amer. Psychologist*, 1946, 1, 286-287.
611. Line, W. and Griffin, J. D. M. Some results obtained with the Rorschach test, objectively scored. *Amer. J. Psychiat.*, 1935, 91, 109-114.
612. Line, W. and Griffin, J. D. M. The objective determination of factors underlying mental health. *Amer. J. Psychiat.*, 1935, 91, 833-842.
613. Linn, L. The Rorschach test results in the evaluation of military personnel. *Rorschach Res. Exch.*, 1946, 10, 20-27.
614. Linn, L. A note on "manner of approach" in the Rorschach test as a measure of psychic energy. *Psychiat. Quart.*, 1948, 22, 634-637.
615. Lipton, M. B., Tamarin, S., and Latesta, P. Test evidence of personality change and prognosis by means of the Rorschach and W-B tests on seventeen insulin-treated paranoid schizophrenics. *Psychiat. Quart.*, 1951, 25, 434-444.
616. Lisansky, E. Convulsive disorder and personality. *J. Abnorm. Soc. Psychol.*, 1948, 43, 29-37.
617. Lodge, G. T. and Steenbarger, C. J. Charting the course of the Rorschach interview. *J. Gen. Psychol.*, 1953, 48, 67-73.
618. Lord, E. Experimentally induced variations in Rorschach performance. *Psychol. Monogr.*, 1950, 64, 31 pp.
619. Lord, E. Two sets of Rorschach records obtained before and after brief psychotherapy. *J. Consult. Psychol.*, 1950, 14, 134-139.
620. Lotsof, E. J. Intelligence, verbal fluency, and the Rorschach test. *J. Consult. Psychol.*, 1953, 17, 21-24.
621. Lubar, G. H. Rorschach content analysis. *J. Clin. Psychopath.*, 1948, 9, 146-152.
622. Luchins, A. S. Situational and attitudinal influences on Rorschach responses. *Amer. J. Psychiat.*, 1947, 103, 780-784.
623. Luke, Brother. Rorschach method applied to delinquent and non-delinquent boys. *Bull. Canad. Psychol. Ass.*, 1943, 3, 52-53.
624. Lundin, W. H. Projective techniques and psychotherapy. *Proj. Tech. Monogr.*, 1951, No. 1, 39 p.
625. Lundin, W. H. and Schpoont, S. The application of the Rorschach prognostic rating scale to one intensively followed case. *J. Proj. Tech.*, 1953, 17, 295-299.

626. Lynn, J. G., Levine, K. N., and Hewson, L. R. Psychologic tests for the clinical evaluation of late "diffuse organic," "neurotic," and "normal" reactions after closed head injury. *Ass. Res. Nerv. Ment. Dis.*, 1945, 24, 296-378.
627. MacCalman, D. R. The Rorschach test and its clinical application. *J. Ment. Sci.*, 1933, 79, 419-423.
628. Mace, N. C., Koff, S. A., Chelnek, I., and Garfield, S. Diagnostic problems in early schizophrenia. *J. Nerv. Ment. Dis.*, 1949, 110, 336-346.
629. Macfarlane, J. W. Problems of validation inherent in projective methods. *Amer. J. Orthopsychiat.*, 1942, 12, 405-410.
630. Machover, K. A case of frontal lobe injury following attempted suicide. *Rorschach Res. Exch.*, 1947, 11, 9-20.
631. Madow, L. *Can the Rorschach Ink Blot Test Be Used to Predict Hypnotizability?* 1938, M. S., Ohio St. U.
632. Malamud, R. F. and Malamud, D. The validity of the amplified Multiple Choice Rorschach as a screening device. *J. Consult. Psychol.*, 1945, 9, 224.
633. Malamud, R. F. and Malamud, D. The multiple choice Rorschach: a critical examination of its scoring system. *J. Psychol.*, 1946, 21, 237-242.
634. Malloy, H. Rorschach interpretation. *Bull. Canad. Psychol. Ass.*, 1945, 5, 79-80.
635. Mann, I. and Archibald, D. A study of a selected group of women employed on extremely fine work. *Brit. Med. J.*, 1944, 1, 387-390.
636. Maradie, L. J. Productivity on the Rorschach as a function of order of presentation. *J. Consult. Psychol.*, 1953, 17, 32-35.
637. Margulies, H. Rorschach responses of successful and unsuccessful students. *Arch. Psychol.*, N. Y., 1942, 38, 61 p.
638. Markey, O. B. and Zisson, M. M. A psychiatric screening aid for pre-combat troops. *Amer. J. Psychiat.*, 1946, 103, 377-380.
639. Marmor, J. and Coville, W. A study of the Harrower-Erickson multiple choice test as a psychiatric screening device. In Killinger, G. G. *Psychobiological Program of War Shipping Administration. Appl. Psychol. Monogr.*, 1947, No. 12, 115-134.
640. Marquis, W., Sinnett, E. R., and Winter, W. D. A psychological study of peptic ulcer patients. *J. Clin. Psychol.*, 1952, 8, 266-272.
641. Maslow, P. *Rorschach Theory*. Brooklyn, N. Y.: Brooklyn Coll. Press, 1944.
642. Maslow, P. *Rorschach Psychology*. Brooklyn, N. Y.: Brooklyn Coll. Press, 1945, 149 pp.
643. Maslow, P. *The Analysis and Control of Human Experience*. Brooklyn, N. Y.: Paul Maslow, 1946-47, 2 vols., 195 pp. and 229 pp.
644. Maslow, P. *The Individual through the Rorschach*. Vol. I. of the Life Science. Brooklyn, N. Y.: Author, 1951. 134 pp.
645. Matarazzo, J. D. and Mensh, I. Reaction time characteristics of the Rorschach test. *J. Consult. Psychol.*, 1952, 16, 132-139.
646. Matarazzo, R. G. and Watson, R. I. Relationship of Rorschach scoring categories to modes of perception induced by photic stimulation. *J. Clin. Psychol.*, 1952, 8, 368-374.
647. Mayman, M. *A Comparative Study of the Rorschach, Harrower, and Behn-Eschenburg Inkblot Tests*. 1947, M. A., New York U.

648. Mayman, M. and Rapaport, D. Diagnostic testing in convulsive disorders. In Hoch, P. and Knight, R. *Epilepsy*, New York: Grune & Stratton, 1947. 123-135.
649. McCandless, B. R. The Rorschach as a predictor of academic success. *J. Appl. Psychol.*, 1949, 33, 43-50.
650. McFarland, R. L. *An Investigation of Differences of Form Determined Responses to the Rorschach Psychodiagnostic Test between Schizophrenic and Normal Subjects*. 1948, A. M., U. Chicago.
651. McFate, M. Q., and Orr, F. G. Through adolescence with the Rorschach. *Rorschach Res. Exch.*, 1949, 13, 302-319.
652. McGovern, J. D. *Validity of Rorschach Components as Measures of Intellectual Efficiency in the Psychoneuroses*. 1919, M. A., Catholic U.
653. McReynolds, P. Perception of Rorschach concepts as related to personality deviations. *J. Abnorm. Soc. Psychol.*, 1951, 46, 131-141.
654. McLeod, H. A Rorschach study with pre-school children. *J. Proj. Tech.*, 1950, 14, 453-463.
655. Meer, B. and Singer, J. L. A note on the "Father" and "Mother" cards in the Rorschach inkblots. *J. Consult. Psychol.*, 1950, 14, 482-484.
656. Meltzer, H. Personality differences among stutterers as indicated by the Rorschach test. *Amer. J. Orthopsychiat.*, 1934, 4, 262-280.
657. Meltzer, H. Personality differences between stuttering and non-stuttering children as indicated by the Rorschach test. *J. Psychol.*, 1944, 17, 39-59.
658. Meltzoff, J., Singer, J. L., and Korchin, S. J. Motor inhibition and Rorschach movement responses: a test of the sensory-tonic theory. *J. Pers.* 1953, 21, 400-410.
659. Mensh, I. N. The experimental validation of the Rorschach test. III. treatment of data. *Amer. J. Orthopsychiat.*, 1952, 22, 764-770.
660. Mercer, M. and Gibson, R. W. Rorschach content in hypnosis: chronological age level regression. *J. Clin. Psychol.*, 1950, 6, 352-358.
661. Merry, F. K. Rorschach test. In Rivlin, H. and Schuler, H. (eds) *Encyclopedia of Modern Education*, New York: Philosophical Library, 1943. 694-695.
662. Mettler, F. A. (ed) *Selective Partial Ablation of the Frontal Cortex*. New York: Hoeber, 1949.
663. Meyer, B. T. An investigation of color shock in the Rorschach test. *J. Clin. Psychol.*, 1951, 7, 367-370.
664. Meyer, G. and Thompson, J. The performance of kindergarten children on the Rorschach test: a normative study. *J. Proj. Tech.*, 1952, 16, 86-111.
665. Meyer, M. M. Case studies: integration of test results with clinical observations; a diagnostic case study. *Rorschach Res. Exch.*, 1949, 13, 325-340.
666. Miale, F. R. Rorschach sequence analysis in a case of paranoid schizophrenia. *Rorschach Res. Exch.*, 1947, 11, 3-22.
667. Miale, F. R., Clapp, H. and Kaplan, A. H. Clinical validation of a Rorschach interpretation. *Rorschach Res. Exch.*, 1938, 2, 153-163.
668. Miale, F. R. and Harrower-Erickson, M. R. Personality structure in the psychoneuroses. *Rorschach Res. Exch.*, 1940, 4, 71-74.
669. Michael, J. C. and Buhler, C. Experiences with personality testing in a neuropsychiatric department of a public general hospital. *Dis. Nerv. Syst.*, 1945, 6, 205-211.

670. Miller, J. S. and Gair, M. A traumatic neurosis of World War I 23 years after: psychiatric and Rorschach investigations. *J. Nerv. Ment. Dis.*, 1943, 97, 436-446.
671. Milton, O. *The Influence of Varied Experimental Sets upon Certain Rorschach Variables: II. Stability of the Movement Variable*. 1949, Ph.D., U. Michigan.
672. Mindess, H. Predicting patients' responses to psychotherapy. *J. Proj. Tech.*, 1953, 17, 327-334.
673. Mitchell, M. B. Preferences for Rorschach cards. *J. Proj. Tech.*, 1952, 16, 203-211.
674. Molish, H. B. The popular response in Rorschach records of normals, neurotics, and schizophrenics. *Amer. J. Orthopsychiat.*, 1951, 21, 523-531.
675. Molish, H. B. and Molish, E. E. A Rorschach study of a group of medical students. *Psychiat. Quart.*, 1950, 24, 744-774.
676. Mons, W. E. R. Air raids and the children. *Brit. Med. J.*, 1941, Part 2, 625-626.
677. Mons, W. E. R. *Principles and Practice of the Rorschach Personality Test*. Philadelphia, Pa.: Lippincott, 1950, 2nd ed., 176 pp.
678. Montalto, F. An application of the Group Rorschach technique to the problems of achievement in college. *J. Clin. Psychol.*, 1946, 2, 254-260.
679. Montalto, F. Maternal behavior and child personality: a Rorschach study. *J. Proj. Tech.*, 1952, 16, 151-178.
680. Morris, W. W. Prognostic possibilities of the Rorschach method in metrazol therapy. *Amer. J. Psychiat.*, 1943, 100, 222-230.
681. Morris, W. W. *The Prediction of Personality Attributes by Means of the Rorschach Method*. 1949, Ph.D., U. Michigan.
682. Morris, W. V. Rorschach estimates of personality attributes in the Michigan Assessment project. *Psychol. Monogr.*, 1952, 66, 1-27.
683. Mosak, H. H. Performance on the Harrower-Erickson Multiple Choice test of patients with spinal cord injuries. *J. Consult. Psychol.*, 1951, 15, 346-349.
684. Muench, G. A. An evaluation of non-directive psychotherapy by means of the Rorschach and other tests. *Appl. Psychol. Monogr.*, 1947, No. 13.
685. Munroe, R. The use of the Rorschach in college guidance. *Rorschach Res. Exch.*, 1940, 4, 107-130.
686. Munroe, R. The inspection technique. *Rorschach Res. Exch.*, 1941, 5, 166-190.
687. Munroe, R. An experiment in large scale testing by a modification of the Rorschach method. *J. Psychol.*, 1942, 13, 229-263.
688. Munroe, R. Use of the Rorschach in college counseling. *J. Consult. Psychol.*, 1943, 7, 89-97.
689. Munroe, R. The inspection technique: a method for rapid evaluation of the Rorschach protocol. *Rorschach Res. Exch.*, 1944, 8, 46-70.
690. Munroe, R. Considerations on the place of the Rorschach in the field of general psychology. *Rorschach Res. Exch.*, 1945, 9, 30-40.
691. Munroe, R. Objective methods and the Rorschach blots. *Rorschach Res. Exch.*, 1945, 9, 59-73.
692. Munroe, R. The Rorschach test: a report of its use at Sarah Lawrence College. *J. Higher Educ.*, 1945, 16, 17-23.

693. Munroe, R. Prediction of the adjustment and academic performance of college students by a modification of the Rorschach method. *Appl. Psychol. Monogr.*, 1945, No. 7, 104 p.
694. Munroe, R. Three diagnostic methods applied to Sally. *J. Abnorm. Soc. Psychol.*, 1945, 40, 215-227.
695. Munroe, R. An experiment with a self-administering form of the Rorschach and group administration by examiners without training. *Rorschach Res. Exch.*, 1946, 10, 49-59.
696. Munroe, R. Rorschach findings on college students showing different constellations of subscores on the A. C. E. J. *Consult. Psychol.*, 1946, 10, 301-316.
697. Munroe, R. The use of projective methods in group testing. *J. Consult. Psychol.*, 1948, 12, 8-15.
698. Munroe, R. The inspection technique for the Rorschach protocol. In *Abt, L. E. and Bellak, L., Projective Psychology*, New York: Knopf, 1950, 91-145.
699. Munroe, R. Inspection technique. In *Weider, A. (ed), Contributions toward Medical Psychology*, New York: Ronald, 1953, 611-619.
700. Munroe, R., Lewinson, T. S., and Wachner, S. A comparison of three projective methods. *Charact. & Pers.*, 1944, 13, 1-21.
701. Murphy, L. B. Personality development of a boy from age two to seven. *Amer. J. Orthopsychiat.*, 1944, 14, 10-21.
702. Murphy, W. F. Evaluation of psychotherapy with modified Rorschach techniques. *Amer. J. Psychother.*, 1952, 6, 471-483.
703. Murray, J. M., et al. *Proceedings of the Second Brief Psychotherapy Council, January, 1944. War Psychiatry*. Chicago: Inst. for Psychoanal., 1944, 55.
704. Murray, V. F. and Joseph, A. The Rorschach test as a tool in action research. *J. Proj. Tech.*, 1950, 14, 362-384.
705. Nadel, A. B. Rorschach studies before and after operation for brain tumor. *Psychol. Bull.*, 1937, 34, 523-524.
706. Nadel, A. B. A qualitative analysis of behavior following cerebral lesions diagnosed as primary affecting the frontal lobes. *Arch. Psychol. N. Y.*, 1938, 32, No. 224.
707. Nash, H. T., Margolin, J. B., and MacGregor, R. A method for systematizing Rorschach evaluations. *J. Gen. Psychol.*, 1953, 48, 195-205.
708. Neff, W. S. and Lidz, T. Rorschach patterns of normal subjects of graded intelligence. *J. Proj. Tech.*, 1951, 15, 45-57.
709. Norman, R. D., Liverant, S., and Redlo, M. The influence of a superficial immediately preceding "set" upon responses to the Rorschach. *J. Consult. Psychol.*, 1952, 16, 261-264.
710. Norman, R. and Scott, W. A. Color and affect: a review and semantic evaluation. *J. Gen. Psychol.*, 1952, 46, 185-223.
711. Northway, M. L. and Wigdor, B. T. Rorschach patterns related to social status of children. *Sociometry*, 1947, 10, 186-199.
712. Oberholzer, E. Rorschach's experiment and the Alorese. In *DuBois, C. The People of Alor*, Minneapolis: U. Minnesota Press, 1944. Chap. 22.
713. Odom, C. L. A study of the time required to do a Rorschach examination. *J. Proj. Tech.*, 1950, 14, 464-468.

714. Oeser, O. A. Some experiments on the abstraction of form and colour. *Brit. J. Psychol.*, 1932, 22, 287-323.
715. Olteau, M. Organic pathology accompanying diabetes mellitus as indicated by the Rorschach. *J. Proj. Tech.*, 1952, 16, 485-488.
716. Oppenheim, S. and Brower, D. The effects of electric-shock therapy as revealed by the Rorschach technique. *Psychiat. Quart. Suppl.*, 1948, 22, 318-325.
717. Orange, A. J. Perceptual consistency as measured by the Rorschach. *J. Proj. Tech.*, 1953, 17, 224-228.
718. Orchinik, C., Koch, R., Wyeis, H. T., Freed, H., and Spiegel, E. A. The effect of thalamic lesions upon the emotional reactivity. *Res. Publ. Ass. Nerv. Ment. Dis.*, 1950, 29, 172-207.
719. Orr, F. G. *Age Changes and Constancy of Rorschach Test Variables During Adolescence*. 1948, Ph.D., U. California.
720. Osborne, R. T. and Sanders, W. B. Multiple choice Rorschach responses of college achievers and nonachievers. *Educ. Psychol. Measmt.*, 1949, 9, 685-691.
721. Osborne, R. T. and Sanders, W. B. Rorschach characteristics of duodenal ulcer patients. *J. Clin. Psychol.*, 1950, 6, 258-262.
722. Osborne, R. T., Sanders, W. B., and Greene, J. E. The prediction of academic success by means of "weighted" Harrower-Erickson responses. *J. Clin. Psychol.*, 1950, 6, 253-258.
723. Ostrander, J. M. Rorschach record from a patient after removal of a tumor from the frontal lobe. *Rorschach Res. Exch.*, 1948, 12, 65-71.
724. Pacella, B., Piotrowski, Z., and Lewis, N. D. C. The effects of e. c. t. on certain personality traits in psychiatric patients. *Amer. J. Psychiat.*, 1947, 104, 83-91.
725. Palmer, J. O. A dual approach to Rorschach validation: a methodological study. *Psychol. Monogr.*, 1951, 65, 27 p.
726. Palmer, J. O., Mensh, I., and Matarazzo, J. D. Anorexia nervosa. *J. Clin. Psychol.*, 1952, 8, 168-173.
727. Parsons, C. J. Childrens' interpretations of Ink Blots. *Brit. J. Psychol.*, 1917, 9, 74-92.
728. Parsons, F. H. Eight cases of section of corpus callosum in individuals with a history of epileptic seizures: psychological tests. *J. Gen. Psychol.*, 1943, 29, 227-241.
729. Pascal, G. R. and Herzberg, F. I. The detection of deviant sexual practice from performance on the Rorschach test. *J. Proj. Tech.*, 1952, 16, 366-373.
730. Pascal, G. R., Ruesch, H. A., Devine, C. A., and Suttell, B. J. A study of genital symbols on the Rorschach test: presentation of a method and results. *J. Abnorm. Soc. Psychol.*, 1950, 45, 286-295.
731. Paster, S. and Grassi, J. R. Clarification of Rorschach responses by the graphic Rorschach method. *J. Clin. Psychol.*, 1945, 1, 28-36.
732. Patterson, N. and Magaw, D. C. An investigation of the validity of the Rorschach technique as applied to mentally defective problem children. *Proc. Amer. Ass. Ment. Def.*, 1938, 43, 129-185, No. 2.
733. Paulsen, A. Rorschachs of school beginners. *Rorschach Res. Exch.*, 1941, 5, 24-29.
734. Pemberton, W. H. General semantics and the Rorschach test. *Paper, Amer. Congr. Gen. Semant.*, 1943, 2, 251-260.

735. Pena, C. D. A genetic evaluation of perceptual structurization in cerebral pathology: an investigation by means of the Rorschach test. *J. Proj. Tech.*, 1953, 17, 186-199.
736. Penfield, W. and Erickson, T. C. *Epilepsy and Cerebral Localization*. Springfield, Ill.: Thomas, 1941, 623 pp.
737. Perlman, J. Color and the validity of the Rorschach 8-9-10 per cent. *J. Clin. Psychol.*, 1951, 15, 122-126.
738. Pescor, M. J. Age of delinquents in relationship to Rorschach test scores. *Publ. Hlth. Rep., Wash.*, 1938, 53, 852-864.
739. Pescor, M. J. Marital status of delinquents in relationship to Rorschach test scores. *Publ. Hlth. Rep., Wash.*, 1939, Suppl. No. 153, 6 pp.
740. Pescor, M. J. A further study of the Rorschach test applied to delinquents. *Publ. Hlth. Rep., Wash.*, 1941, 56, 381-395.
741. Phillips, L. *Personality Factors and Prognosis in Schizophrenia*. 1949, Ph.D., U. Chicago.
742. Phillips, L. and Elmadjian, F. A. A Rorschach tension score and the diurnal lymphocyte curve in psychotic subjects. *Psychosom. Med.*, 1947, 9, 364-371.
743. Phillips, L. and Smith, J. G. *Rorschach Interpretation: Advanced Technique*. New York: Grune & Stratton, 1953, xi + 385 pp.
744. Piotrowski, Z. A. On the Rorschach method and its application in organic disturbances of the central nervous system. *Rorschach Res. Exch.*, 1936-37, 1, 23-40.
745. Piotrowski, Z. A. Personality studies of cases with lesions of the frontal lobes: II. Rorschach study of a Pick's disease case. *Rorschach Res. Exch.*, 1936-37, 1, 65-77.
746. Piotrowski, Z. A. The M, FM, and m responses as indicators of changes in personality. *Rorschach Res. Exch.*, 1936-37, 1, 148-157.
747. Piotrowski, Z. A. A comparison of congenitally defective children with schizophrenic children in regard to personality structure and intelligence type. *Proc. Amer. Ass. Ment. Def.*, 1937, 42, 78-90.
748. Piotrowski, Z. A. Rorschach studies of cases with lesions of the frontal lobes. *Brit. J. Med. Psychol.*, 1937, 17, 105-118.
749. Piotrowski, Z. A. The reliability of Rorschach's *erlebnistypus*. *J. Abnorm. Soc. Psychol.*, 1937, 32, 439-445.
750. Piotrowski, Z. A. The Rorschach inkblot method in organic disturbances of the central nervous system. *J. Nerv. Ment. Dis.*, 1937, 86, 525-537.
751. Piotrowski, Z. A. Blind analysis of a case of compulsive neurosis. *Rorschach Res. Exch.*, 1937, 2, 89-111.
752. Piotrowski, Z. A. Recent Rorschach literature. *Rorschach Res. Exch.*, 1937, 2, 172-175.
753. Piotrowski, Z. A. The prognostic possibilities of the Rorschach method in insulin treatment. *Psychiat. Quart.*, 1938, 12, 679-689.
754. Piotrowski, Z. A. Rorschach manifestations of improvement in insulin treated schizophrenia. *Psychosom. Med.*, 1939, 1, 508-526.
755. Piotrowski, Z. A. Positive and negative Rorschach organic reactions. *Rorschach Res. Exch.*, 1940, 4, 147-151.
756. Piotrowski, Z. A. A simple experimental device for the prediction of outcome of insulin treatment in schizophrenia. *Psychiat. Quart.*, 1940, 14, 267-273.

757. Piotrowski, Z. A. Rorschach method as a prognostic aid in insulin shock treatment of schizophrenics. *Psychiat. Quart.*, 1941, 15, 807-822.
758. Piotrowski, Z. A. The modifiability of personality as revealed by the Rorschach method. *Rorschach Res. Exch.*, 1942, 6, 160-167.
759. Piotrowski, Z. A. A comparative table of the main Rorschach symbols. *Psychiat. Quart.*, 1942, 16, 30-37.
760. Piotrowski, Z. A. On the Rorschach method of personality analysis. *Psychiat. Quart.*, 1942, 16, 480-490.
761. Piotrowski, Z. A. Tentative Rorschach formulae for educational and vocational guidance. *Rorschach Res. Exch.*, 1943, 7, 16-27.
762. Piotrowski, Z. A. A note on the "Graphic Rorschach" and the "scoring samples." *Rorschach Res. Exch.*, 1943, 7, 182-184.
763. Piotrowski, Z. A. Use of the Rorschach in vocational selection. *J. Consult. Psychol.*, 1943, 7, 97-102.
764. Piotrowski, Z. A. Experimental psychological diagnoses of mild forms of schizophrenia. *Rorschach Res. Exch.*, 1945, 9, 189-200.
765. Piotrowski, Z. A. Rorschach records of children with a tic syndrome. *Nerv. Child*, 1945, 4, 342-352.
766. Piotrowski, Z. A. The personality of the epileptic. In *Epilepsy*, Hoch, P. and Knight, R. (eds) New York: Grune & Stratton, 1947, 89-108.
767. Piotrowski, Z. A. A Rorschach compendium. *Psychiat. Quart.*, 1947, 21, 79-101.
768. Piotrowski, Z. A. The personality of the epileptic. *Proc. Amer. Psychopath. Ass.*, 1947, 36, 89-108.
769. Piotrowski, Z. A. and Abrahamsen, D. Sexual crime, alcohol, and the Rorschach test. *Psychiat. Quart. Suppl.*, 1952, 26, 248-260.
770. Piotrowski, Z. A., Candee, B., Balinsky, B., Holtzberg, S., and Von Arnold, B. Rorschach signs in the selection of outstanding young male mechanical workers. *J. Psychol.*, 1944, 18, 131-150.
771. Piotrowski, Z. A. and Kelley, D. M. Application of the Rorschach method in an epilepsy case. *J. Nerv. Ment. Dis.*, 1940, 92, 743-751.
772. Piotrowski, Z. A. and Lewis, N. D. C. An experimental Rorschach diagnostic aid for some forms of schizophrenia. *Amer. J. Psychiat.*, 1950, 107, 360-366.
773. Piotrowski, Z. A. and Lewis, N. D. C. An experimental criterion for the prognostication of the status of schizophrenics after a three-year interval based on Rorschach data. In *Hoch, P. and Zubin, J. Relation of Psychological Tests to Psychiatry*. New York: Grune & Stratton, 1950, 51-72.
774. Piotrowski, Z. A. and Lewis, N. D. C. A case of stationary schizophrenia beginning in early childhood with remarks on certain aspects of children's Rorschach records. *Quart. J. Child Behavior*, 1950, 2, 115-139.
775. Piotrowski, Z. A. and Schreiber, M. Rorschach perceptanalytic measurement of personality changes during and after intensive psychoanalytically oriented psychotherapy. In *Specialized Techniques in Psychotherapy*. New York: Basic Books, 1952, 337-361.
776. Pitrelli, F. R. Psychosomatic and Rorschach aspects of stuttering. *Psychiat. Quart.*, 1948, 22, 175-194.
777. Plesch, E. A Rorschach study of rosacea and morbid blushing. *Brit. J. Med. Psychol.*, 1951, 24, 204-205.

778. Poser, E. G. Personality factors in patients with duodenal ulcer: a Rorschach study. *J. Proj. Tech.*, 1951, 15, 131-143.
779. Potthurst, K. *Rorschach variables III. The Influence of Complex Set.* 1950, Ph.D., U. Michigan.
780. Powell, M. Relation to scholastic discrepancy to the free association and the Rorschach test. *Kentucky Pers. Bull.*, 1935, 14.
781. Prados, M. Rorschach studies on artists and painters. *Rorschach Res. Exch.*, 1944, 8, 178-183.
782. Prados, M. Personality studies of homosexuals. *Rev. Psychol., Montreal*, 1946, 1, 103-119.
783. Prados, M. and Fried, E. Personality structure of the older age groups. *J. Clin. Psychol.*, 1947, 3, 113-120.
784. Prasad, K. and Asthana, H. S. An experimental study of meaning by Rorschach method. *Indian J. Psychol.*, 1917, 22, 55-58.
785. Prince, S. D. *A Comparative Study of Personality Characteristics in Bronchial Asthma and Peptic Ulcer Patients as Revealed by the Rorschach Test.* 1949, Ph.D., U. Southern California.
786. Putnam, T. J. The significance of alterations of the mental and emotional processes produced by diseases of the brain. *Res. Publ. Ass. Nerv. Ment. Dis.*, 1939, 19, 81-107.
787. Rabin, A. I. Rorschach test findings in a group of conscientious objectors. *Amer. J. Orthopsychiat.*, 1945, 15, 514-519.
788. Rabin, A. I. Homicide and attempted suicide: a Rorschach study. *Amer. J. Orthopsychiat.*, 1946, 16, 516-524.
789. Rabin, A. I. Statistical problems involved in Rorschach patterning. *J. Clin. Psychol.*, 1950, 7, 19-21.
790. Rabin, A. I. Validating and experimental studies with the Rorschach method. In *Anderson, H. and Anderson, G. Introduction to Projective Techniques.* New York: Prentice-Hall, 1951, 123-148.
791. Rabin, A. I. and Beck, S. J. Genetic aspects of some Rorschach factors. *Amer. J. Orthopsychiat.*, 1950, 20, 595-599.
792. Rabin, A. I. and Geiser, E. Rorschach checks on "false positives" of The Cornell Selectee Index records of student nurses. *J. Gen. Psychol.*, 1949, 40, 59-62.
793. Rabin, A. I. and Sanderson, M. H. An experimental study into some Rorschach procedures. *J. Clin. Psychol.*, 1947, 3, 216-225.
794. Raines, G. and Broomhead, E. Rorschach studies on combat fatigue. *Dis. Nerv. Syst.*, 1945, 6, 250-256.
795. Rakusin, J. M. *The Role of Rorschach Validity in the Prediction of Client Behavior during Psychotherapy.* 1951, Ph.D., Pennsylvania St. Coll.
796. Ramzy, I. Psychology tests: II. Rorschach test. *Egypt. J. Psychol.*, 1946, 2, 268-281.
797. Ramzy, I. and Pickard, P. M. A study of the reliability of scoring the Rorschach Ink Blot Test. *J. Gen. Psychol.*, 1949, 40, 3-10.
798. Ranzoni, J. H., Grant, M. Q., and Ives, V. Rorschach "card-pull" in a normal adolescent population. *J. Proj. Tech.*, 1950, 14, 107-133.
799. Rapaport, D. Should the Rorschach test be standardized? *Rorschach Res. Exch.*, 1939, 3, 107-110.
800. Rapaport, D. Principles underlying projective techniques. *Charact. & Pers.*, 1942, 10, 213-219.

801. Rapaport, D., Gill, M. and Schafer, R. *Diagnostic Psychological Testing*. Vol. II, Chicago, Ill.: Yearbook Publishers, 1946, xi + 516 pp.
802. Rapaport, D. and Schafer, R. The Rorschach test: a clinical evaluation. *Bull. Menninger Clin.*, 1945, 9, 73-77.
803. Rashkis, H. A. Projective techniques as psychotherapy. *J. Clin. Psychol.* 1949, 5, 418-431.
804. Rav, J. Anatomy responses in the Rorschach test. *J. Proj. Tech.*, 1951, 15, 433-443.
805. Rees, W. L. and Jones, A. M. An evaluation of the Rorschach test as a prognostic aid in the treatment of schizophrenia by insulin coma therapy, electronarcosis, electroconvulsive therapy, and leucotomy. *J. Ment. Sci.*, 1951, 97, 681-689.
806. Reichard, S. Rorschach study of prejudiced personality. *Amer. J. Orthopsychiat.*, 1948, 18, 280-286.
807. Reitan, R. M. *Relationships of Certain Rorschach Indicators to the Abstraction and Power Factors of Biological Intelligence*. 1950, Ph.D., U. Chicago.
808. Reitan, R. M. Intellectual functions in myxedema. *Arch. Neurol. Psychiat.*, 1953, 69, 436-449.
809. Reitan, R. M. Intellectual and affective functions in chronic Brucellosis. *Amer. J. Psychiat.*, 1953, 110, 19-28.
810. Reitan, R. M. Intellectual functions in aphasic and non-aphasic brain injured subjects. *Neurology*, 1953, 3, 202-212.
811. Reitzell, J. M. A comparative study of hysterics, homosexuals, and alcoholics using content analysis of Rorschach responses. *Rorschach Res. Exch.*, 1949, 13, 127-141.
812. Richards, T. W. The appraisal of Naval psychiatric casualties by the Rorschach method. *Nav. Med. Bull.*, Wash., 1943, 41, 788-799.
813. Richards, T. W. Epileptic seizure in the Rorschach test situation. *Rorschach Res. Exch.*, 1946, 10, 101-104.
814. Richards, T. W. The individual child's development as reflected* by the Rorschach performance. *Rorschach Res. Exch.*, 1948, 12, 59-64.
815. Richards, T. W. Personality of the convulsive patient in military service. *Psychol. Monogr.*, 1952, 66, 23 p.
816. Richardson, L. H. A personality study of stutterers and nonstutterers. *J. Speech Disorders*, 1944, 9, 152-160.
817. Richardson, L. H. The personality of stutterers. *Psychol. Monogr.*, 1944, 56, No. 260.
818. Rickers-Ovsiankina, M. The Rorschach test as applied to normal and schizophrenic patients. *Brit. J. Med. Psychol.*, 1938, 17, 227-257.
819. Rickers-Ovsiankina, M. *Rorschach Scoring Samples*. Worcester, Mass.: Worcester St. Hospital, 1938, v + 177 pp.
820. Rickers-Ovsiankina, M. Some theoretical considerations regarding the Rorschach method. *Rorschach Res. Exch.*, 1943, 7, 41-53.
821. Rieger, A. F. The Rorschach test in industrial selection. *J. Appl. Psychol.*, 1949, 33, 569-571.
822. Rieman, G. W. The effectiveness of Rorschach elements in the discrimination between neurotic and ambulatory schizophrenic subjects. *J. Consult. Psychol.*, 1953, 17, 25-31.

823. Robb, W., Kovitz, B., and Rapaport, D. Histamine in the treatment of psychosis. *Amer. J. Psychiat.*, 1940, 97, 601-610.
824. Rochlin, G. and Levine, K. The graphic Rorschach test. *Arch. Neurol. Psychiat.*, Chicago, 1942, 47, 438-448.
825. Rockwell, F. V., Welch, L., Kubis, J., and Fisichelli, V. Changes in the palmar skin resistance during the Rorschach test. *Mon. Rev. Psychiat. Neurol.*, 1947, 113, 129-152.
826. Rockwell, F. V., Welch, L., Kubis, J., and Fisichelli, V. Changes in palmar skin resistance during the Rorschach test. II. The effect of repetition with color removed. *Mschr. Psychiat. Neurol.*, 1948, 116, 321-345.
827. Roe, A. A Rorschach study of a group of scientists and technicians. *J. Consult. Psychol.*, 1946, 10, 317-327.
828. Roe, A. Alcohol and creative work. Part I. painters, *Quart. J. Stud. Alcohol.*, 1946, 6, 415-467.
829. Roe, A. Artists and their work. *J. Pers.*, 1946, 15, 1-40.
830. Roe, A. Painting and personality. *Rorschach Res. Exch.*, 1946, 10, 86-100.
831. Roe, A. Personality and vocation. *Trans. N. Y. Acad. Sci.*, 1947, 9, 257-267.
832. Roe, A. Psychological examination of eminent biologists. *J. Proj. Tech.*, 1950, 14, 5-14.
833. Roe, A. Analysis of group Rorschach of physical scientists. *J. Proj. Tech.*, 1950, 14, 385-398.
834. Roe, A. Psychological results of research scientists. *J. Consult. Psychol.*, 1951, 15, 492-495.
835. Roe, A. Two Rorschach scoring techniques: the inspection technique and the basic Rorschach. *J. Abnorm. Soc. Psychol.*, 1952, 47, 263-264.
836. Roe, A. Group Rorschachs of university faculties. *J. Consult. Psychol.*, 1952, 16, 18-22.
837. Roe, A. Analysis of Group Rorschachs of psychologists and anthropologists. *J. Proj. Tech.*, 1952, 16, 212-224.
838. Roe, A. A psychological study of eminent psychologists and anthropologists, and a comparison with biological and physical scientists. *Psychol. Monogr.*, 1953, 67, 55 p.
839. Rogers, L. S. and Hammond, K. R. Prediction of the results of therapy by means of the Rorschach test. *J. Consult. Psychol.*, 1953, 17, 8-15.
840. Rogers, L. S., Knauss, J., and Hammond, K. Predicting continuation in therapy by means of the Rorschach test. *J. Consult. Psychol.*, 1951, 15, 368-371.
841. Rook, L. H. A comparison of the methods of scoring the Rorschach method: Beck, Hertz, Klopfer. *Proc. Okla. Acad. Sci.*, 1948, 28, 113-117.
842. Rorschach, H. *Psychodiagnostics*. Bern; Switzerland: Huber, 1942, 3rd ed., 226 pp.
843. Rorschach, H. and Oberholzer, E. The application of the interpretation of form to psychoanalysis. *J. Nerv. Ment. Dis.*, 1924, 60, 225-248; 359-379.
844. Rose, A. A. and Stavrianos, B. K. Sex differences in the perceptual attitude of children. *J. Psychol.*, 1943, 16, 129-143.
845. Rosen, E. Symbolic meanings in the Rorschach cards: a statistical study. *J. Clin. Psychol.*, 1951, 7, 239-244.
846. Rosen, E. M M P I and Rorschach correlates of the Rorschach white space response. *J. Clin. Psychol.*, 1952, 8, 283-288.

847. Rosenberg, S. J. and Feldberg, T. M. Rorschach characteristics of a group of malingerers. *Rorschach Res. Exch.*, 1944, 8, 141-158.
848. Rosenzweig, S. Outline of a cooperative project for validating the Rorschach test. *Amer. J. Orthopsychiat.*, 1935, 5, 121-123.
849. Rosenzweig, S. Fantasy in personality and its study by test procedures. *J. Abnorm. Soc. Psychol.*, 1942, 37, 40-51.
850. Rosenzweig, S. A note on the Rorschach pre-history. *Rorschach Res. Exch.*, 1944, 8, 41-42.
851. Rosenzweig, S. The dynamics of an amnesic personality. *J. Pers.*, 1946, 15, 121-142.
852. Rosenzweig, S. Idiodynamics in personality theory with special reference to projective methods. *Psychol. Rev.*, 1951, 58, 213-223.
853. Ross, W. D. The "anxiety neurosis" Rorschach record compared with the typical basically neurotic record. *Rorschach Res. Exch.*, 1940, 4, 134-137.
854. Ross, W. D. Anatomical perseveration in Rorschach records. *Rorschach Res. Exch.*, 1940, 4, 138-145.
855. Ross, W. D. The contribution of the Rorschach method to clinical diagnosis. *J. Ment. Sci.*, 1941, 87, 331-348.
856. Ross, W. D. The incidence of some signs elicited by the Rorschach method. *Bull. Canad. Psychol. Ass.*, 1941, 2, 21-22.
857. Ross, W. D. Notes on Rorschach "signs" in diagnosis and research. *Rorschach Res. Exch.*, 1942, 6, 115-116.
858. Ross, W. D. A contribution to the objectification of group Rorschach scoring. *Rorschach Res. Exch.*, 1943, 7, 70-71.
859. Ross, W. D. The uses of the Rorschach method in the Canadian Army. *Rorschach Res. Exch.*, 1944, 8, 159-161.
860. Ross, W. D. A quantitative use of the Rorschach method. *Amer. J. Psychiat.*, 1944, 101, 100-104.
861. Ross, W. D. The Rorschach performance with neurocirculatory asthenia. *Psychosom. Med.*, 1945, 7, 80-84.
862. Ross, W. D. The person with ulcerative colitis. *Canad. Med. Ass. J.*, 1948, 58, 376-379.
863. Ross, W. D. Relationships between Rorschach interpretations and clinical diagnoses. *J. Proj. Tech.*, 1950, 14, 5-14.
864. Ross, W. D., Dancy, T. E., and Brown, F. T. Rorschach scores of parachute troopers in training. *Bull. Canad. Psychol. Ass.*, 1943, 3, 26-27.
865. Ross, W. D., Ferguson, G. A., and Chalke, F. C. R. The Group Rorschach test in officer selection. *Bull. Canad. Psychol. Ass.*, 1945, 5, 84-86.
866. Ross, W. D. and McNaughton, F. L. Head injury—a study of patients with chronic post-traumatic complaints. *Arch. Neurol. Psychiat.*, 1944, 52, 255-269.
867. Ross, W. D. and McNaughton, F. L. Objective personality studies in migraine by means of the Rorschach method. *Psychosom. Med.*, 1945, 7, 73-79.
868. Ross, W. D. and Ross, S. Some Rorschach ratings of clinical value. *Rorschach Res. Exch.*, 1944, 8, 1-9.
869. Rotter, J. B. The present status of the Rorschach in clinical and experimental procedures. *J. Pers.*, 1948, 16, 304-311.

870. Rottersman, W. Green ink: preliminary report. *J. Nerv. Ment. Dis.*, 1944, 100, 507-510.
871. Rottersman, W. and Goldstein, H. H. Group analysis utilizing the Harrower-Erickson (Rorschach) test. *Amer. J. Psychiat.*, 1945, 101, 501-503.
872. Roulette, T. G. *The Validity of Selected Signs in the Rorschach*. 1951, M. S., Pennsylvania St. Coll.
873. Royal, R. E. *An Experimental Investigation of the Relationship between Questionnaire and Rorschach Measures of Introversion*. 1950, Ph.D., U. Pittsburgh.
874. Ruesch, J. and Finesinger, J. F. The relation of the Rorschach color responses to the use of color in drawings. *Psychosom. Med.*, 1941, 3, 370-388.
875. Rust, R. M. Some correlates of the movement response. *J. Pers.*, 1948, 16, 369-401.
876. Sacks, J. M. and Levine, H. S. Limitations of the Rorschach as a sole diagnostic instrument. *J. Consult. Psychol.*, 1950, 14, 479-481.
877. Salfeld, D. J. An attempt at a numerical evaluation of Rorschach Test results. *J. Gen. Psychol.*, 1950, 43, 305-311.
878. Salfeld, D. J. The usefulness of the Rorschach Test for diagnosis, prognosis, and epicrisis, mainly in child guidance treatment. *J. Ment. Sci.*, 1951, 97, 84-87.
879. Samuels, H. The validity of personality-trait ratings based on projective techniques. *Psychol. Monogr.*, 1952, 66, 21 p.
880. Sanders, R. *The Relationship between Examiner Hostility and Subject's Rorschach Scores*. 1951, Ph.D., U. Michigan.
881. Sanders, R. and Cleveland, S. E. The relationship between certain examiner personality variables and subject's Rorschach scores. *J. Proj. Tech.*, 1953, 17, 34-50.
882. Sanderson, H. Norms for "shock" in the Rorschach. *J. Clin. Psychol.*, 1951, 15, 127-129.
883. Sanderson, H. Card titles in testing the limits in Rorschach. *J. Psychol.*, 1952, 33, 27-29.
884. Sandler, J. and Ackner, B. Rorschach content analysis: an experimental investigation. *Brit. J. Med. Psychol.*, 1951, 24, 180-201.
885. Sappenfield, B. R. and Buker, S. L. Validity of the Rorschach 8-9-10 per cent as an indicator of responsiveness to color. *J. Consult. Psychol.*, 1949, 13, 268-271.
886. Sarason, E. *The Discriminatory Value of the Rorschach Test between Two Etiologically Different Mentally Defective Groups*. 1950, Ph.D., Clark U.
887. Sarason, E. and Sarason, S. B. A problem of diagnosing feeble-mindedness. *J. Abnorm. Soc. Psychol.*, 1945, 40, 323-329.
888. Sarason, S. B. Projective techniques in mental deficiency. *Charact. & Pers.*, 1945, 13, 237-245.
889. Sarason, S. B. and Potter, E. H. Color in the Rorschach and Kohs block designs. *J. Consult. Psychol.*, 1947, 11, 202-206.
890. Sarason, S. B. and Sarason, E. The discriminatory value of a test pattern in the high grade familial defective. *J. Consult. Psychol.*, 1946, 2, 38-49.
891. Sarason, S. B. and Sarason, E. The discriminatory value of a test pattern with cerebral palsied, defective children. *J. Clin. Psychol.*, 1947, 3, 141-146.

892. Sarbin, T. R. Rorschach patterns under hypnosis. *Amer. J. Orthopsychiat.*, 1939, 9, 315-319.
893. Sarbin, T. R. and Farberow, N. L. Contribution to role-taking theory: a clinical study of self and role. *J. Abnorm. Soc. Psychol.*, 1952, 47, 117-125.
894. Sarbin, T. R. and Madow, L. W. Predicting the depth of hypnosis by means of the Rorschach test. *Amer. J. Orthopsychiat.*, 1942, 12, 268-271.
895. Sargent, H. Projective methods: their origins, theory, and application in personality research. *Psychol. Bull.*, 1945, 42, 257-293.
896. Sargent, H. Projective methods. In Pennington, L. A. and Berg, I. A. *Introduction to Clinical Psychology*. New York: Ronald, 1948, 416-439.
897. Saudck, R. A British pair of identical twins reared apart. *Charact. & Pers.*, 1934, 3, 17-39.
898. Scallon, R. *A Study to Determine the Effect of Popular Information about the Rorschach Test on Test Results*. 1949, M. S., Pennsylvania St. Coll.
899. Schachtel, A. H. The Rorschach test with young children. *Amer. J. Orthopsychiat.*, 1944, 14, 1-10.
900. Schachtel, A. H., Henry, J., and Henry, Z. Rorschach analysis of Pilaga Indian children. *Amer. J. Orthopsychiat.*, 1942, 12, 679-713.
901. Schachtel, A. H. and Levi, M. B. Character structure of day nursery children in wartime as seen through the Rorschach. *Amer. J. Orthopsychiat.*, 1945, 15, 213-222.
902. Schachtel, E. The dynamic perception and the symbolism of form. *Psychiatry*, 1941, 4, 79-96.
903. Schachtel, E. Review: The Rorschach technique by B. Klopfer. *Psychiatry*, 1942, 5, 604-606.
904. Schachtel, E. On color and affect: contributions to an understanding of Rorschach's test, II. *Psychiatry*, 1943, 6, 393-409.
905. Schachtel, E. Some notes on fire-setters and their Rorschach tests. *J. Crim. Psychopath.*, 1943, 5, 341-350.
906. Schachtel, E. Subjective definitions of the Rorschach test situation and their effect on test performance, III. *Psychiatry*, 1945, 8, 419-448.
907. Schachtel, E. Some notes on the use of the Rorschach test. In Glueck, S. and Glueck, E. *Unraveling Juvenile Delinquency*, New York: Commonwealth Fund, 1950, 363-385.
908. Schachtel, E. Projection and its relation to character attitudes in the kinesthetic responses. Contributions to an understanding of Rorschach's test, IV. *Psychiatry*, 1950, 13, 69-100.
909. Schachtel, E. Notes on Rorschach tests of 500 juvenile delinquents and a control group of 500 non-delinquent adolescents. *J. Proj. Tech.*, 1951, 15, 144-172.
910. Schachtel, E. and Hartoch, A. The curve of reactions in the Rorschach test. *Amer. J. Orthopsychiat.*, 1937, 7, 320-348.
911. Schafer, R. *The Clinical Application of Psychological Tests*. New York: International Universities Press, 1948, 346 pp.
912. Schafer, R. Content analysis in the Rorschach Test. *J. Proj. Tech.*, 1953, 17, 335-339.
913. Schatla, V. The incidence of neuroses in cases of bronchial asthma as determined by the Rorschach Test and psychiatric examination. *Psychosom. Med.*, 1941, 3, 157-169.

914. Schmidl, F. The use of the Rorschach method in social work treatment. *Rorschach Res. Exch.*, 1945, 9, 123-125.
915. Schmidl, F. The Rorschach Test in juvenile delinquency research. *Amer. J. Orthopsychiat.*, 1947, 17, 151-160.
916. Schmidt, H. O. Test profiles as a diagnostic aid: The Rorschach. *J. Clin. Psychol.*, 1945, 1, 222-227.
917. Schmidt, H. O. The Rorschach Test in a case of paranoid reaction. *J. Consult. Psychol.*, 1949, 13, 134-143.
918. Schnack, G. F., Shakow, D. and Lively, M. L. Studies in insulin and metrazol therapy. I. The differential prognostic value of some psychological tests. *J. Pers.*, 1945, 14, 106-124.
919. Schneider, L. I. Rorschach validation: some methodological aspects. *Psychol. Bull.*, 1950, 47, 493-508.
920. Schofield, W. A laboratory exercise in projective interpretation. *J. Gen. Psychol.*, 1952, 46, 19-28.
921. Seliger, R. V. and Cranford, V. The Rorschach analysis in the treatment of alcoholism. *Med. Rec.*, N. Y., 1945, 158, 32-58.
922. Sells, S. B., Frese, F. J., and Lancaster, W. H. Research on psychiatric selection of flying personnel. *USAF Sch. Aviat. Med.*, 1952, Proj. No. 21-37-0002, Rep. No. 2, v + 77 pp.
923. Sen, A. A statistical study of the Rorschach Test. *Brit. J. Psychol.*, 1950, 3, 21-39 (Statistical Section).
924. Sender, S. The significance of the Rorschach method for consulting psychology: B. Complementary Summary. *Rorschach Res. Exch.*, 1937, 1, 164-166.
925. Sender, S. The influence of variations in Rorschach Group method administration upon the scorability of the records. *Rorschach Res. Exch.*, 1943, 7, 54-69.
926. Sender, S. and Klopfer, B. Application of the Rorschach test to child behavior as facilitated by a refinement of the scoring method. *Rorschach Res. Exch.*, 1936, 1, 5-17.
927. Sender, S., Klopfer, B., and Rickers-Ovsiankina, M. Description of the first-grade normal details for the ten test-plates. *Rorschach Res. Exch.*, 1936, 1, 16-17.
928. Seward, G. H., Morrison, L. M., and Fest, B. Personality structure in a common form of colitis. *Psychol. Monogr.*, 1951, 65, 25 p.
929. Shakow, D., Rodnick, E. H., and Lebeaux, T. A psychological study of a schizophrenic: exemplification of a method. *J. Abnorm. Soc. Psychol.*, 1945, 40, 154-174.
930. Shapiro, M. B. Discussion on the differential diagnosis of early dementia. *Proc. R. Soc. Med.*, 1952, 54, 375-376.
931. Shaskan, D., Conrad, D. C., and Grant, J. D. Prediction of behavior in group psychotherapy from Rorschach protocols. *Group Psychother.*, 1950, 3, 218-230.
932. Shaskan, D., Yarnell, H., and Alper, K. Physical, psychiatric, and psychometric studies of post-encephalitic Parkinsonism. *Arch. Neurol. Psychiat.*, Chicago, 1942, 48, 666-668; *J. Nerv. Ment. Dis.*, 1942, 96, 653-662.
933. Shatin, L. Psychoneurosis and psychosomatic reactions: a Rorschach contrast. *J. Consult. Psychol.*, 1952, 16, 220-223.

934. Shatin, L. Rorschach adjustment and the T. A. T. J. *Proj. Tech.*, 1953, 17, 92-101.
935. Shaw, B. "Sex populars" in the Rorschach test. *J. Abnorm. Soc. Psychol.*, 1949, 23, 466-470.
936. Shereshevski-Shere, E. and Lasser, L. M. An evaluation of water responses in the Rorschachs of alcoholics. *J. Proj. Tech.*, 1952, 16, 489-495.
937. Shereshevski-Shere, E., Lasser, L. M. and Gottsfeld, B. H. An evaluation of anatomy content and F+ percentage in the Rorschachs of alcoholics, schizophrenics, and normals. *J. Proj. Tech.*, 1953, 17, 229-233.
938. Shneidman, E. S. The case of Jay: psychological test and anamnestic data. *J. Proj. Tech.*, 1952, 16, 297-345.
939. Shoemaker, H. A. and Rohrer, J. H. Relationship between success in the study of medicine and certain psychological and personal data. *J. Ass. Amer. Med. Coll.*, 1948, 23, 190-201.
940. Shuey, H. A new interpretation of the Rorschach test. *Psychol. Rev.*, 1933, 40, 213-215.
941. Sicha, K. and Sicha, M. A step towards the standardization of the Rorschach test. *Rorschach Res. Exch.*, 1936, 1, 95-101.
942. Sicha, M. *A Study of the Rorschach "Erlebniss-typus" of Comparable White and Negro Subjects*. 1939, Ph.D., Columbia U.
943. Siegel, E. *Genetic Parallels of Perceptual Structurization in Paranoid Schizophrenia: An Analysis by Means of the Rorschach Technique*. 1951, Ph.D., Clark U.; *J. Proj. Tech.*, 1953, 17, 151-161.
944. Siegel, M. G. The Rorschach test as an aid in selecting clients for group therapy and evaluating progress. *Ment. Hyg., N. Y.*, 1914, 28, 444-449.
945. Siegel, M. G. The use of the Rorschach test in a treatment program. *Rorschach Res. Exch.*, 1945, 9, 126-129.
946. Siegel, M. G. A description of the Rorschach method. *Family*, 1946, 27, 51-58.
947. Siegel, M. G. The Rorschach test in diagnosis and prognosis. *Family*, 1946, 27, 102-109.
948. Siegel, M. G. The diagnostic and prognostic validity of the Rorschach test in a child guidance clinic. *Amer. J. Orthopsychiat.*, 1948, 18, 119-133.
949. Siipola, E., Kuhns, F., and Taylor, V. Measurement of the individual's reactions to color in ink blots. *J. Pers.*, 1950, 19, 153-171.
950. Siipola, E. and Taylor, V. Reactions to ink blots under free and pressure conditions. *J. Pers.*, 1952, 21, 22-47.
951. Sill, J. B. A case study comparing the performance on the Binet and on the Rorschach. *Rorschach Res. Exch.*, 1937-38, 2, 112-124.
952. Singer, J. L. The Behn-Rorschach inkblots: a preliminary comparison with the original Rorschach series. *J. Proj. Tech.*, 1952, 16, 238-245.
953. Singer, J. L., Meltzoff, J., and Goldman, G. D. Rorschach movement responses following motor inhibition and hyperactivity. *J. Consult. Psychol.*, 1952, 16, 359-364.
954. Singer, M. The validity of a Multiple-Choice projective test in psychopathological screening. *Psychol. Monogr.*, 1950, 64, Whole No. 314.
955. Sisk, H. L. A clinical case study utilizing the Rorschach and the Murray T. A. T. *J. Clin. Psychol.*, 1947, 3, 293-298.
956. Sisk, H. L. A reply to Winfield's study of the multiple choice Rorschach. *J. Appl. Psychol.*, 1947, 31, 446-448.

957. Sloan, W. Mental deficiency as a symptom of personality disturbance. *Amer. J. Ment. Def.*, 1947, 51, 31-36.
958. Sloan, W. Prediction of extramural adjustment of mental defectives by use of the Rorschach test. *J. Consult. Psychol.*, 1948, 12, 303-309.
959. Smith, D. M. *An Experimental Analysis of Human Movement on the Rorschach Test*. 1919, M. S., U. Pittsburgh.
960. Smith, S. and George, C. E. Rorschach factors related to experimental stress. *J. Consult. Psychol.*, 1951, 15, 190-195.
961. Smykal, A. and Thorne, F. C. Etiological studies of psychopathic personality: II. Asocial type. *J. Clin. Psychol.*, 1951, 7, 299-316.
962. Spaner, F. E. *An Analysis of the Relationship between Some Rorschach Test Determinants and Subtest Scores on the Wechsler Bellevue Adult Scale*. 1950, Ph.D., Purdue U.
963. Springer, N. N. The validity of the multiple choice group Rorschach test in screening of Naval personnel. *J. Gen. Psychol.*, 1946, 35, 27-32.
964. Stainbrook, E. J. A modified Rorschach technique for the description of transitory post-convulsive personality states. *Rorschach Res. Exch.*, 1941, 5, 192-203.
965. Stainbrook, E. J. The Rorschach description of immediate postconvulsive mental function. *Charact. & Pers.*, 1944, 12, 302-322.
966. Stainbrook, E. J. and Siegel, P. S. A comparative group Rorschach study of southern Negro and white high school college students. *J. Psychol.*, 1944, 17, 107-115.
967. Stavrianos, B. An investigation of sex differences in children as revealed by the Rorschach method. *Rorschach Res. Exch.*, 1942, 6, 168-175.
968. Stavrianos, B. Location of responses. *Rorschach Res. Exch.*, 1943, 7, 78-85.
969. St. Clair, W. F. The self-recording technique in Rorschach administration. *Rorschach Res. Exch.*, 1943, 7, 109-118.
970. Stein, H. Scoring movement responses on the Rorschach. *J. Proj. Tech.*, 1951, 15, 526-533.
971. Stein, M. I. *Personality Factors Involved in the Temporal Development of Rorschach Responses*. 1949, Ph.D., Harvard U.; *Rorschach Res. Exch.*, 1949, 13, 355-414.
972. Stein, M. I. Clinical psychology and the propaedeutic science. *J. Proj. Tech.*, 1951, 15, 401-404.
973. Steinberg, A. *An Experimental Investigation of the Relation of Galvanic Skin Response to Rorschach Shock*. 1940, Ph.D., Boston U.
974. Steiner, M. E. The use of the Rorschach method in industry. *Rorschach Res. Exch.*, 1947, 11, 46-52.
975. Steiner, M. E. *The Psychologist in Industry*. Springfield, Ill.: Thomas, 1949.
976. Steinzor, B. Rorschach responses of achieving and non-achieving college students of high ability. *Amer. J. Orthopsychiat.*, 1944, 14, 494-504.
977. Steisel, I. *An Experimental Investigation of the Relationships between Some Measures of the Rorschach Test and Certain Measures of Suggestibility*. 1949, Ph.D., St. U. Iowa.
978. Steisel, I. The Rorschach test and suggestibility. *J. Abnorm. Soc. Psychol.*, 1952, 47, 607-614.

979. Steisel, I. and Cohen, B. D. *The Problem of Validation of the Rorschach Test with Reference to the Method of Direct Experimentation*. Unpubl. paper, 1947.
980. Stephenson, W. Q-methodology and the projective techniques. *J. Clin. Psychol.*, 1952, 8, 219-229.
981. Sterling, M. E. *Color Shock on the Rorschach Test*. 1950, Ph.D., Kentucky U.
982. Stern, K. and MacNaughton, D. Capgras' syndrome, a peculiar illusionary phenomenon considered with special reference to the Rorschach findings. *Psychiat. Quart.*, 1945, 19, 139-163.
983. Stern, K. and Malloy, H. Rorschach studies on patients with paranoid features. *J. Clin. Psychol.*, 1945, 1, 272-280; *Bull. Canad. Psychol. Ass.*, 1945, 5, 82-83.
984. Stern, K. and Prados, M. Personality studies in menopausal women. *Amer. J. Psychiat.*, 1946, 103, 358-368.
985. Stormont, C. T. and Finney, B. C. Projection and behavior. *J. Proj. Tech.*, 1953, 17, 349-360.
986. Stotsky, B. A. A comparison of remitting and non-remitting schizophrenics on psychological tests. *J. Abnorm. Soc. Psychol.*, 1952, 47, 489-496.
987. Strang, R. Technical instruments of mental hygiene diagnosis and therapy. *Rev. Educ. Res.*, 1940, 10, 450-459.
988. Suares, N. Personality development in adolescence. *Rorschach Res. Exch.*, 1938-39, 3, 2-11.
989. Suessmilch, F. L. A long-term maladjustment culminating in catatonic episodes during adolescence. *J. Proj. Tech.*, 1951, 15, 461-480.
990. Sunne, D. Rorschach test norms of young children. *Child Developm.*, 1936, 7, 304-313.
991. Swift, J. W. *Application of the Rorschach Method to Preschool Children*. 1944, Ph.D., St. U. Iowa.
992. Swift, J. W. Reliability of Rorschach scoring categories with preschool children. *Child Developm.*, 1944, 15, 207-216.
993. Swift, J. W. Matching of teachers' descriptions and Rorschach analyses of preschool children. *Child Developm.*, 1944, 15, 217-224.
994. Swift, J. W. Rorschach responses of eighty-two preschool children. *Rorschach Res. Exch.*, 1945, 9, 74-84.
995. Swift, J. W. Relation of behavioral and Rorschach measures of insecurity in preschool children. *J. Clin. Psychol.*, 1945, 1, 196-205.
996. Symonds, P. M. Projective techniques. In Harriman, P. L. (ed) *Encyclopedia of Psychology*, New York: Philosophical Library, 1946, 583-589.
997. Symonds, P. M. and Hessel, M. G. Development and educational significance of projective techniques in personality measurement. *Rev. Educ. Res.*, 1950, 20, 51-62.
998. Symonds, P. M. and Krugman, M. Projective methods in the study of personality. *Rev. Educ. Res.*, 1944, 14, 81-98; *Rorschach Res. Exch.*, 1945, 9, 85-101.
999. Symonds, P. M. and Samuels, E. A. Projective methods in the study of personality. *Rev. Educ. Res.*, 1941, 11, 80-93.
1000. Tallman, G. Personality studies of cases with lesions of the frontal lobes: III. Rorschach study of bilateral lobectomy case A. *Rorschach Res. Exch.*, 1937, 1, 77-82.

1001. Tallman, G. Further results of retesting Mr. A. *Rorschach Res. Exch.*, 1938, 3, 35-36.
1002. Tarlan, M. and Smalheiser, I. Personality patterns in patients with malignant tumors of the breast and cervix. *Psychosom. Med.*, 1951, 13, 117-121.
1003. Tatom, M. H. *Relationships between Wechsler-Bellevue Sub Test Scores and Certain Rorschach Test Factors in Clinical Patients*. 1949, M. A., Catholic U.
1004. Taylor, J. L. Application of the Rorschach in a Jewish vocational agency. *Jewish Soc. Serv. Quart.*, 1949, 25, 349-356.
1005. Thetford, W. N. Fantasy perceptions in the personality development of normal and deviant children. *Amer. J. Orthopsychiat.*, 1952, 22, 542-550.
1006. Thetford, W. N., Molish, H. B., and Beck, S. J. Developmental aspects of personality structure in normal children. *J. Proj. Tech.*, 1951, 15, 58-78.
1007. Thiesen, J. W. A pattern analysis of structural characteristics of the Rorschach test in schizophrenia. *J. Consult. Psychol.*, 1952, 16, 365-370.
1008. Thompson, G. M. College grades and the group Rorschach. *J. Appl. Psychol.*, 1948, 32, 398-407.
1009. Thompson, G. M. M P I correlates of certain movement responses in the Group Rorschachs of two college samples. *J. Consult. Psychol.*, 1948, 12, 379-383.
1010. Thompson, G. M. Rorschach "populars" as a function of the length of record. *J. Consult. Psychol.*, 1950, 14, 287-289.
1011. Thompson, G. M. College grades and the group Rorschach: a follow-up study. *J. Genet. Psychol.*, 1951, 78, 39-46.
1012. Thornton, G. R. A note on the scoring of movement in the Rorschach test. *Amer. J. Psychol.*, 1936, 48, 524-525.
1013. Thornton, G. R. and Guilford, J. P. The reliability and meaning of Erlebnistypus scores in the Rorschach test. *J. Abnorm. Soc. Psychol.*, 1936, 31, 324-330.
1014. Thurstone, L. I. The Rorschach in psychological science. *J. Abnorm. Soc. Psychol.*, 1948, 43, 471-475.
1015. Torrance, K. The Rorschach method in a correctional institution. *Ment. Hlth. Bull. Ill. Soc. Ment. Hyg.*, 1943, 21, 14-16.
1016. Towbin, A. P. and Smalheiser, I. The Rorschach method: a new conceptualization. *Complex*, 1952, No. 8, 3-27.
1017. Troup, E. A comparative study by means of the Rorschach method of personality development in twenty pairs of identical twins. *Genet. Psychol. Monogr.*, 1938, 20, 461-556.
1018. Troup, E. and Klopfer, B. Sample case studies. *Rorschach Res. Exch.*, 1936, 1, 121-140.
1019. Tucker, J. *The Rorschach Movement Factor in 100 Male Neurotic Veterans*. 1949, M. S., Pennsylvania St. Coll.
1020. Tucker, J. Rorschach human and other movement responses in relation to intelligence. *J. Consult. Psychol.*, 1950, 14, 283-286.
1021. Tulchin, S. The pre-Rorschach use of the Ink Blot Test. *Rorschach Res. Exch.*, 1940, 4, 1-7.
1022. Tulchin, S. Psychological testing in social welfare. *Social Wk. Yearb.*, 1947, 9, 366-371.

1023. Tulchin, S. and Levy, D. M. Rorschach test differences in a group of Spanish and English refugee children. *Amer. J. Orthopsychiat.*, 1945, 15, 361-368.
1024. Tunis, M. M. and Dorken, H. J. A case of reactive depression suffering from ulcerative colitis: serial psychological investigation. *Psychiat. Quart. Suppl.*, 1951, 25, 22-39.
1025. Uehling, H. F. Rorschach "shock" for two special populations. *J. Consult. Psychol.*, 1952, 16, 224-225.
1026. Ulett, G. A. Rorschach's test as used in the psychiatric interview. *Northw. Med.*, 1949, 48, 544-548.
1027. Ulett, G. A. *Rorschach Introductory Manual*. St. Louis, Mo.: Educational Publishers, 1950, 44 pp.
1028. Ulett, G. A., Martin, D. W., and McBride, J. A. The Rorschach findings in a case of suicide. *Amer. J. Orthopsychiat.*, 1950, 20, 817-827.
1029. Urbaitis, J. C. and Waterman, J. Application of the Rorschach test to practice in mental disease hospitals. *Arch. Neurol. Psychiat., Chicago*, 1941, 45, 383-384.
1030. U. S. Army Air Forces Aviation Psychology Program Research Report. *Printed classification tests*. Report No. 5, Washington, D.C.: Government Printing Office, 1947. Chap. 24, Clinical type procedures.
1031. Valentine, M. Experimental abridgment of the Rorschach test. *J. Clin. Psychol.*, 1951, 12, 157-169.
1032. Valentine, M. and Rabin, A. I. Aspects of TAT testing: paranoid schizophrenia. *J. Ment. Sci.*, 1950, 96, 869-888.
1033. VanBark, B. and Baron, S. Neurotic elements in the Rorschach records of psychotics. *Rorschach Res. Exch.*, 1943, 7, 166-168.
1034. VanWaters, R. O. and Sacks, J. G. Rorschach evaluation of the schizophrenic process following a prefrontal lobotomy. *J. Psychol.*, 1948, 25, 73-88.
1035. Varvel, W. A. Suggestions toward the experimental validation of the Rorschach test. *Bull. Menninger Clin.*, 1937, 1, 220-226.
1036. Varvel, W. A. The Rorschach test in psychotic and neurotic depression. *Bull. Menninger Clin.*, 1941, 5, 5-12.
1037. Vaughn, J. and Krug, O. The analytic character of the Rorschach ink-blot tests. *Amer. J. Orthopsychiat.*, 1938, 8, 220-229.
1038. Vernon, P. E. Can the total personality be studied objectively? *Charact. & Pers.*, 1935, 4, 1-9.
1039. Vernon, P. E. Recent work on the Rorschach test. *J. Ment. Sci.*, 1935, 81, 894-920.
1040. Vernon, P. E. The Rorschach ink blot test. *Brit. J. Med. Psychol.*, 1933, 13, 89-118, 199-217, 271-295.
1041. Vernon, P. E. Matching methods as applied to the investigation of personality. *Psychol. Bull.*, 1936, 33, 147-177.
1042. Vernon, M. D. The relation of cognition and phantasy in children. *Brit. J. Psychol.*, Part I, 1940, 30, 273-295; Part II, 1940, 31, 1-22.
1043. Vorhaus, P. G. Rorschach reactions in early childhood. Part III. Content and details in pre-school records. *Rorschach Res. Exch.*, 1944, 8, 71-91.
1044. Vorhaus, P. G. Non-reading as an expression of resistance. *Rorschach Res. Exch.*, 1946, 10, 60-69.

1045. Vorhaus, P. G. Rorschach configurations associated with reading disability. *J. Proj. Tech.*, 1952, 16, 3-19.
1046. Vorhaus, P. G. The use of the Rorschach in preventive mental hygiene. *J. Proj. Tech.*, 1952, 16, 179-192.
1047. Walker, R. G. A comparison of clinical manifestation of hostility with Rorschach and M A P S Test performance. *J. Proj. Tech.*, 1951, 15, 444-460.
1048. Wallen, R. The nature of color shock. *J. Abnorm. Soc. Psychol.*, 1948, 43, 346-356.
1049. Warner, S. J. An evaluation of the validity of Rorschach popular responses as differential of ambulatory schizophrenia. *J. Proj. Tech.*, 1951, 15, 268-275.
1050. Watkins, J. G. and Stauffacher, J. C. An index of pathological thinking in the Rorschach. *J. Proj. Tech.*, 1952, 16, 276-286.
1051. Watson, G. Measures of character and personality. *Psychol. Bull.*, 1932, 29, 147-176.
1052. Watson, G. New trends in clinical procedures and psychotherapy. *J. Clin. Psychol.*, 1940, 4, 89-95.
1053. Wayne, D. M., Adams, M., and Rowe, L. H. A study of military prisoners at a disciplinary barracks suspected of homosexual activities. *Milit. Surg.*, 1947, 101, 499-534.
1054. Weber, G. H. Some qualitative aspects of an exploratory personality study of fifteen juvenile automobile thieves. *Trans. Kans. Acad. Sci.*, 1950, 53, 548-556.
1055. Wechsler, D., Halpern, F., and Jaros, E. Psychometric study of insulin-treated schizophrenics. *Psychiat. Quart.*, 1940, 14, 466-476.
1056. Weil, A. A. The Rorschach test in diagnosis of psychoses and psychoneuroses. *J. Maine Med. Ass.*, 1941, 32, 35-39.
1057. Weisskopf, E. Influence of time factor on Rorschach performance. *Rorschach Res. Exch.*, 1942, 6, 128-136.
1058. Wekstein, L. X-raying the personality. *Sci. Mon.*, N. Y., 1947, 65, 133-142.
1059. Wellisch, E. The use of projective paintings in the Rorschach method. *Brit. J. Med. Psychol.*, 1949, 22, 66-71.
1060. Wellisch, E. A Rorschach study in folie à deux of mother and son. *J. Ment. Sci.*, 1949, 95, 467-476.
1061. Wellisch, E. The Rorschach method as an aid to psychotherapy of asthmatic child. *Brit. J. Med. Psychol.*, 1949, 22, 72-87.
1062. Wellisch, E. Auditory, olfactory-gustatory, and thermic Rorschach responses. *J. Ment. Sci.*, 1949, 95, 667-672.
1063. Wellisch, E. Active imagination during the use of the Rorschach method. *J. Ment. Sci.*, 1950, 96, 476-488.
1064. Wells, F. L. Rorschach and the free association test. *J. Gen. Psychol.*, 1935, 13, 413-433.
1065. Wells, F. L. Rorschach and Bernreuter procedures with Harvard National Scholars in the Grant study. Cases 3, 10, 26, 28, 103-112. *J. Genet. Psychol.*, 1951, 79, 221-260.
1066. Wells, F. L. Cases 113-126. *J. Genet. Psychol.*, 1951, 79, 261-287.
1067. Werner, H. Rorschach method applied to two clinical groups of mental defectives. *Amer. J. Ment. Def.*, 1945, 49, 304-306.

1068. Werner, H. Perceptual behavior of brain injured, mentally defective children: an experimental study by means of the Rorschach technique. *Genet. Psychol. Monogr.*, 1945, 31, 51-110.
1069. Wertham, F. and Bleuler, M. Inconstancy of the formal structure of the personality; experimental study of the influence of mescaline on the Rorschach test. *Arch. Neurol. Psychiat.*, Chicago, 1932, 28, 52-70.
1070. Wertham, F. and Golden, L. A differential diagnostic method of interpreting the Mosaic and colored block designs. *Amer. J. Orthopsychiat.*, 1941, 11, 124-131.
1071. Wertheimer, M. On the supposed behavioral correlates of an "eye" content response on the Rorschach. *J. Consult. Psychol.*, 1953, 17, 189-194.
1072. Wheeler, W. M. *An Analysis of Rorschach Indices of Male Homosexuality*. 1948, Ph.D., U. California; *J. Proj. Tech.*, 1949, 13, 97-126.
1073. Wheeler, W., et al. Symposium on a Basic Rorschach Score. *Rorschach Res. Exch.*, 1949, 13, 6-24.
1074. White, B. V., Cobb, S., and Jones, C. M. Mucous colitis: a psychological medical study of 60 cases. Psychological considerations. IV: Objective data from the Rorschach test. *Psychosom. Med. Monogr.*, 1939, 1, 75-76.
1075. White, M. A. and Schreiber, H. Diagnosing "suicidal" risks on the Rorschach. *Psychiat. Quart. Suppl.*, 1952, 26, 161-189.
1076. White, M. A. and Tanzer, M. Rorschach differences and electroshock: a case report. *Psychol. Serv. Center J.*, 1950, 2, 46-54.
1077. White, R. W. Prediction of hypnotic suggestibility from a knowledge of subjects' attitudes. *J. Psychol.*, 1937, 3, 265-277.
1078. White, R. W. Interpretation of imaginative productions. In Hunt, J. McV. *Personality and the Behavior Disorders*, New York: Ronald, 1946, 214-251.
1079. Wilkins, W. L. and Adams, A. J. The use of the Rorschach test under hypnosis and under sodium amytal in military psychiatry. *J. Gen. Psychol.*, 1947, 36, 131-138.
1080. Williams, G. The possibilities of the Rorschach technique in industry. *Personnel*, 1947, 24, 224-231.
1081. Williams, M. An experimental study of intellectual control under stress and associated Rorschach factors. *J. Consult. Psychol.*, 1947, 11, 21-29.
1082. Williams, M. The experimental validation of the Rorschach test. I. Experimental correlations. *Amer. J. Orthopsychiat.*, 1952, 22, 749-754.
1083. Williams, M. and Buker, S. L. Color as a determinant of responsiveness to Rorschach cards in schizophrenia. *J. Consult. Psychol.*, 1951, 15, 196-202.
1084. Wilson, G. P. and Blake, R. R. A methodological problem in Beck's organizational concept. *J. Consult. Psychol.*, 1950, 14, 20-24.
1085. Winfield, M. C. The use of the Harrower-Erickson Multiple Choice Test with a selected group of women in military service. *J. Appl. Psychol.*, 1946, 30, 481-487.
1086. Wischner, G. J., Rotter, J. B., and Gellman, R. D. Projective techniques. In Bijou, S. W. (ed) *The Psychological Program in the A A F Convalescent Hospitals*; Aviation Psychology Program Res. Rep., Rep. No. 15, Wash., D. C.: U. S. Government Printing Office, 1947.
1087. Wishner, J. Rorschach intellectual indicators in neurotics. *Amer. J. Orthopsychiat.*, 1948, 18, 265-279.

1088. Wishner, J. Neurosis and tension: an exploratory study of the relationship of physiological and Rorschach measures. *J. Abnorm. Soc. Psychol.*, 1953, 48, 253-260.
1089. Witkin, H. A. The nature and importance of individual differences in perception. *J. Pers.*, 1949, 18, 145-170.
1090. Wittenborn, J. R. Certain Rorschach response categories and mental abilities. *J. Appl. Psychol.*, 1949, 33, 330-338.
1091. Wittenborn, J. R. Analyses of discrete responses. *J. Consult. Psychol.*, 1949, 13, 257-267.
1092. Wittenborn, J. R. A factor analysis of discrete responses to the Rorschach ink blots. *J. Consult. Psychol.*, 1949, 13, 335-340.
1093. Wittenborn, J. R. Statistical tests of certain Rorschach assumptions: the internal consistency of scoring categories. *J. Consult. Psychol.*, 1950, 14, 1-19.
1094. Wittenborn, J. R. Level of mental health as a factor in the implications of Rorschach scores. *J. Consult. Psychol.*, 1950, 14, 469-472.
1095. Wittenborn, J. R. and Holzberg, J. D. The Rorschach and descriptive diagnosis. *J. Consult. Psychol.*, 1951, 15, 460-463.
1096. Wittenborn, J. R. and Mettler, F. A. A lack of perceptual control score for the Rorschach test. *J. Clin. Psychol.*, 1951, 7, 331-334.
1097. Wittenborn, J. R. and Sarason, S. B. Exceptions to certain Rorschach criteria of pathology. *J. Consult. Psychol.*, 1949, 13, 21-27.
1098. Wittman, P. Follow-up of an objective evaluation of prognoses in dementia praecox and manic depressive psychoses. *Elgin Papers*, 1944, 5, 216-227.
1099. Wittman, P. The use of the Multiple Choice Rorschach Test as a differential diagnostic tool. *J. Clin. Psychol.*, 1945, 1, 281-287.
1100. Wittson, C. L., Hunt, W. A., and Older, H. J. The use of the Multiple Choice Group Rorschach test in military screening. *J. Psychol.*, 1944, 17, 91-94.
1101. Wolfson, R. Scoring tabulation and interpretation of the two sample cases. *Rorschach Res. Exch.*, 1939, 3, 140-150.
1102. Wood, A., Arluck, E., and Margulies, H. Report of a group discussion of the Rorschach method. *Rorschach Res. Exch.*, 1941, 5, 154-165.
1103. Wyatt, F. Prediction in the Rorschach test. *J. Proj. Tech.*, 1952, 16, 252-258.
1104. Wyatt, F. Perceptual structure in pathology and development. Some remarks on the place of cognition in ego psychology. *J. Proj. Tech.*, 1953, 17, 144-150.
1105. Yawger, N. S. The Rorschach ink-blot tests. *Philadelphia Med.*, 1943-44, 39, 548-551.
1106. York, R. H. *The Effect of Color in the Rorschach Test and in Selected Intellectual Tasks*. 1951, Ph.D., Boston U.
1107. Young, R. J. The value of the Rorschach test in differential diagnosis. *Amer. J. Psychiat.*, 1948, 105, 381-382.
1108. Young, R. J. The Rorschach diagnosis and interpretation in involutional melancholia. *Amer. J. Psychiat.*, 1950, 106, 748-749.
1109. Young, R. J. and Higgenbotham, M. S. Behavior checks on the Rorschach method. *Amer. J. Orthopsychiat.*, 1942, 12, 87-94.

1110. Zangwill, O. L. Observations on the Rorschach test in two cases of acute concussion head-injury. *J. Ment. Sci.*, 1945, 91, 322-336.
1111. Zehrer, F. A. Investigation of Rorschach factors in children who have convulsive disorders and in those who present problems of adjustment. *Amer. J. Orthopsychiat.*, 1951, 21, 292-302.
1112. Zelen, S. L. A systematic orientation to projective methods: principles of interpretation. *J. Proj. Tech.*, 1952, 16, 496-503.
1113. Zimmerman, F. T., Burgmeister, B. B., and Putnam, T. J. Intellectual and emotional makeup of the epileptic. *Amer. Med. Ass. Arch. Neurol. Psychiat.*, Chicago, 1951, 65, 545-556.
1114. Zoltan, J. Some suggestions on the use of content symbolism. *Rorschach Res. Exch.*, 1944, 8, 40-41.
1115. Zubin, J. A psychometric approach to the evaluation of the Rorschach test. *Psychiatry*, 1941, 4, 457-566.
1116. Zubin, J. Quantitative approach to measuring regularity of succession in the Rorschach experiment. *Rorschach Res. Exch.*, 1941, 10, 67-78.
1117. Zubin, J. Introduction: The problems of quantification and objectification in personality: a symposium. *J. Pers.*, 1948, 17, 141-145.
1118. Zubin, J. Personality research and psychopathology as related to clinical practice. Clinical practice and personality theory: a symposium. *J. Abnorm. Soc. Psychol.*, 1949, 44, 12-21.
1119. Zubin, J. *Quantitative Techniques and Methods in Abnormal Psychology*. New York: Columbia U. Bookstore, 1950.
1120. Zubin, J., Chute, E., and Vernon, S. Psychometric scales for scoring Rorschach test responses. *Charact. & Pers.*, 1943, 11, 277-301.
1121. Zubin, J. and Young, K. M. *Manual of Projective and Cognate Techniques*. Madison, Wis.: College Typing Co., 1948 (multigraphed).
1122. Zucker, L. Rorschach patterns of a group of hard of hearing patients. *Rorschach Res. Exch.*, 1947, 11, 68-73.
1123. Zucker, L. A case of obesity: projective techniques before and during treatment. *Rorschach Res. Exch.*, 1948, 12, 202-215.
1124. Zucker, L. The use of the Rorschach test in an out-patient clinic. *Amer. J. Psychother.*, 1949, 3, 34-45.
1125. Zucker, L. The psychology of latent schizophrenia. *Amer. J. Psychother.*, 1952, 6, 44-62.
1126. Zucker, L. The problem of prognosis in schizophrenia. *Amer. J. Psychother.*, 1953, 7, 254-272.
1127. Zuckerman, S. B. A research suggestion in large scale Rorschach. *J. Consult. Psychol.*, 1948, 12, 300-312.
1128. Zulliger, H. Case studies: Personality dynamics as revealed in the Rorschach and Behn-Rorschach of a 15-year-old girl. *J. Proj. Tech.*, 1950, 14, 52-60.
1129. Zulliger, H. The Psycho-analysis and the form-interpretation test. *Int. J. Psycho-Anal.*, 1950, 31, 152-155.
1130. Zulliger, H. The case of Franz and Lotti. *J. Proj. Tech.*, 1953, 17, 61-65.

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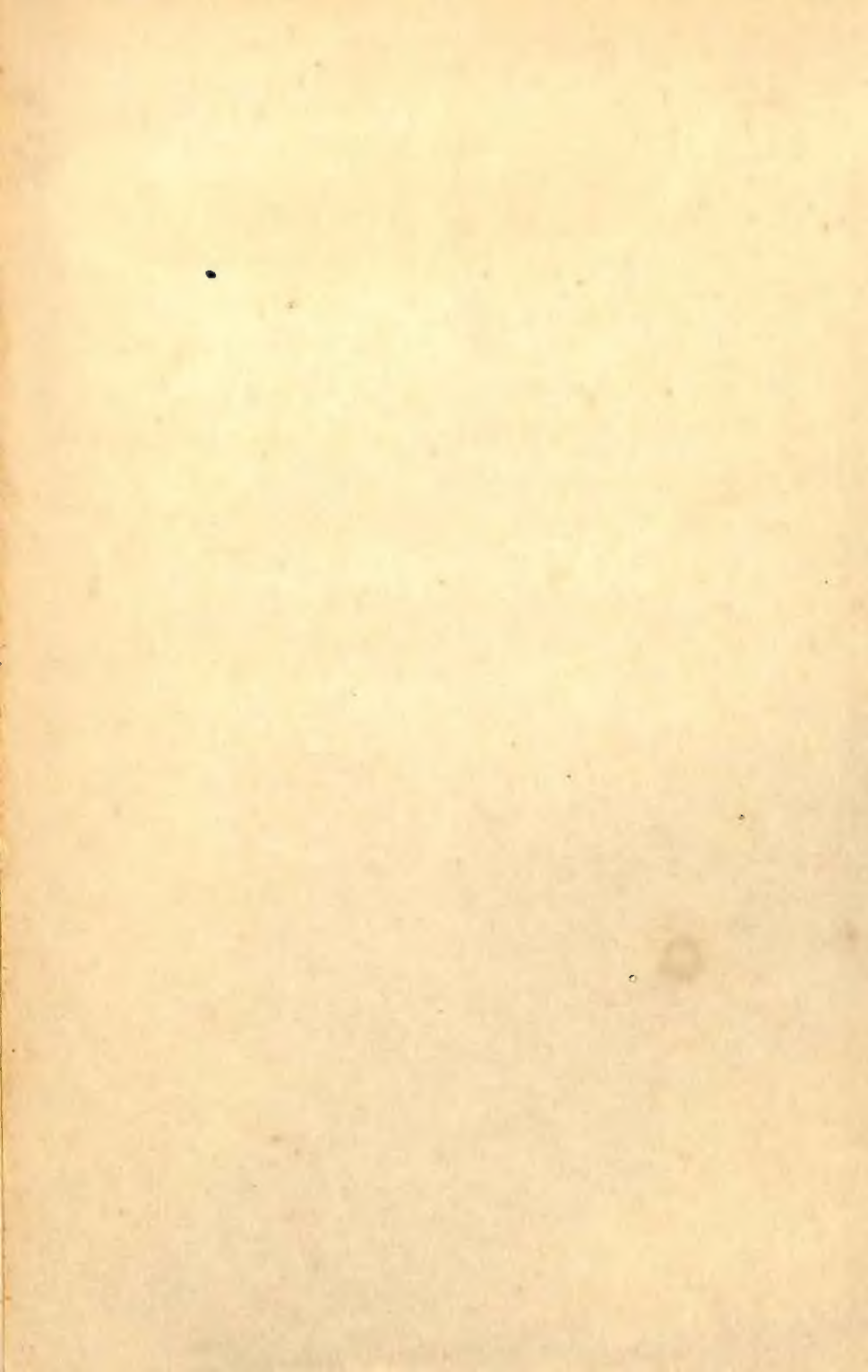
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